

Case Number:	CM15-0190229		
Date Assigned:	10/02/2015	Date of Injury:	06/10/1981
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 76-year-old male who sustained an industrial injury 6-10-1981. Diagnoses have included sacrococcygeal arthritis, muscle spasm and sciatica. Documentation does not provide historical information relating to treatment or response, except on 8-31-2015 Lidocaine 2 percent is stated to provide "good effect." The injured worker presents with pain rated 5 out of 10, and the treating physician states the injured worker is "regularly active." There are no other subjective or objective findings in the provided documentation. The treating physician's plan of care includes Lidocaine 2 percent with 2 refills which was denied on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidocaine 2% with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case there is no documentation that the patient has failed therapy with other first-line therapies. In addition the diagnosis of post-herpetic neuralgia is not supported by the documentation in the medical record. Medical necessity has not been established. The request should not be authorized.