

Case Number:	CM15-0194915		
Date Assigned:	10/08/2015	Date of Injury:	10/18/2001
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 63-year-old male, with a reported date of injury of 10-18-2001. The diagnoses include brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, shoulder region disorder, pes anserinus tendinitis or bursitis, enthesopathy of wrist, and ankle sprain and strain. Treatments and evaluation to date have included Tylenol, Advil, and Lidocaine patches (since at least 05-2015). The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-13-2015 indicates that the injured worker had shoulder pain, and low back pain. The objective findings included loss of range of motion. The treatment plan included Lidoderm 5% patch, one to two patches 12 hours on, and 12 hours off. The injured worker was on temporary total disability for 6 weeks. The follow-up report dated 08-13-2015 indicates that the injured worker continued to complain of pain in both feet along with the shoulders and low back. The injured worker had difficulty with his daily activities along with difficulty with prolonged sitting, standing, walking, lifting, pushing, and pulling. There was spasm, tenderness, and guarding in the paravertebral muscles of the lumbar spine with decreased range of motion; positive impingement over the bilateral shoulders; and tenderness over the plantar fascia of the bilateral feet. It was noted that the Lidoderm patches helped to reduce his pain, increase his functional capacity, and helped to reduce the need for taking oral pain medications. The injured worker's disability status remained unchanged. The request for authorization was dated 08-18-2015. The treating physician requested Lidoderm 5% patches #60, with 5 refills. On 08-31-2015, Utilization Review (UR) non-certified the request for Lidoderm 5% patches #60, with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Lidoderm 5% patches #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical Lidocaine states: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain has designated topical Lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. This medication is recommended for localized peripheral pain. The patient does have peripheral pain in the form of lumbar radiculopathy however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.