

Case Number:	CM15-0196332		
Date Assigned:	10/09/2015	Date of Injury:	08/18/2011
Decision Date:	11/19/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 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:

This injured worker is a 29 year old female who reported an industrial injury on 8-18-2011. Her diagnoses, and or impressions, were noted to include: cervical strain; back strain; shoulder-upper arm strain; and acute pain due to trauma. No current imaging studies were noted. Her treatments were noted to include: use of a back brace; medication management; and rest from work. The progress notes of 10-9-2015 reported: the recommendations of a physician on his 6-20-2014 report; that she continued to have worsening pain, rated 4-7 out of 10, at the bilateral, mid lumbar 5, pain in her right leg-toes (with medications, and 10 out of 10 without); a painful and weak right knee, 7 out of 10 without medications; right ankle, 7 out of 10 without medications; and right neck and right arm-wrist-hand, 7-8 out of 10 without medications. The objective findings were noted to include that she last worked in 6-2012, and she had multiple complaints of pain. The physician's requests for treatment were noted to include the refilling of her medications which was noted to include Lidocaine patches, 1-3 per day to the ankle, knee, wrist and lumbar 5, #30 with 2 refills. The Request for Authorization, dated 10-2-2015, was noted for Lidoderm patches #30. The Utilization Review of 10-5-2015 non-certified the request for Lidocaine patches 5%, #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% pad #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). In this case, the claimant did not have the above diagnoses. Despite the request for Lidocaine, the claimant remained on Norco, Soma and Flexeril. The request for continued and long-term use of Lidocaine as above is not medically necessary.