

Case Number:	CM15-0201242		
Date Assigned:	10/16/2015	Date of Injury:	03/12/2013
Decision Date:	12/07/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, 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:

The injured worker is a 45 year old female who sustained an industrial injury 03-12-13. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar strain with radiculitis, right medial epicondylitis, status post right shoulder and right knee surgeries, and compensatory left shoulder, left elbow and left wrist strain. Medical records (08-28-15) reveal the injured worker complains of shoulder pain rated at 6-7/10, left elbow pain rated at 4/10, left wrist pain rated at 5/10, lumbar spine pain rated at 8/10, cervical spine pain rated at 6/10, and knee pain rated at 5-6/10. The injured worker reports no change in functional status since last examination. The physical exam (08-28-15) reveals tenderness in the cervical spine, bilateral elbows, and left wrist. Diminished range of motion is reported in the cervical spine and right shoulder. Full range of motion is reported in the bilateral elbows and left wrist. Prior treatment includes right shoulder surgery on 16/18/14 and right knee surgeries on 11/18/14, 19 acupuncture treatments, 8 chiropractic treatments, and 54 physical therapy treatments, as well as medications. The medication list include Lidoderm patch, Elavil, Ativan, Wellbutrin. The patient does not have any complaints of the gastrointestinal tract. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent Patch Q12 #30 with 1 Refill: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents." Per the cited guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Topical lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications is not specified in the records provided. The request for medication Lidoderm 5 Percent Patch Q12 #30 with 1 Refill is not medically necessary.