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| Case Number: | CM15-0202793 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 08/31/1993 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 8-31-1993. The injured worker was diagnosed as having chronic pain syndrome, degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, lumbar post-laminectomy syndrome, and other symptoms referable to back. Treatment to date has included diagnostics, lumbar spinal surgery in 1993 and 1996, acupuncture, and medications. Currently (10-01-2015), the injured worker complains of back pain with radiation to the left lower extremity, associated with weakness and numbness. "Electrical" pain was described as "worse", noting that she was exercising more and losing weight. Pain was rated 5 out of 10 with medications and 8 without (unchanged from 8-14-2015). Medications included Baclofen, Klonopin, Levorphanol, Lidocaine patches (prescribed 10-01-2015), Senexon S, and Tizanidine. Exam of the lumbar spine noted tenderness to palpation on the bilateral L5 region, the iliolumbar region, the gluteus maximus, and the piriformis. Sensation was decreased in the right L4-L5 and on the left L4-S1. The treating physician noted that she used Lidocaine patches previously "with good relief of nerve pain" and recommended trying them again. Medication allergies were noted as MS Contin, Neurontin, Oruvail, and Thimerosal. She was currently working regular duty. The treatment plan included Lidocaine 5% patches #60 with 5 refills, non-certified by Utilization Review on 10-08-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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. Long-term use of topical analgesics such as Lidocaine patches are not recommended. The claimant was also on numerous oral muscle relaxants. The request for continued and long-term use of Lidocaine patches with 5 refills as above is not medically necessary.