

Case Number:	CM15-0209442		
Date Assigned:	10/28/2015	Date of Injury:	02/14/2005
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 42-year-old male with an industrial injury date of 02-14-2005. Medical record review indicates he is being treated for insomnia, lumbar radiculopathy, myofascial pain syndrome, left sacroiliitis, and degenerative disk disease multilevel lumbar spine. In the 09-18-2015 note, the treating physician notes since the last visit the injured worker has continued to work full time and is managing his pain well. He also participated in home exercise program and had done aqua exercises. Pain index is documented as 2. Current medications (09-18-2015) included Lidoderm patches (at least since 07-24-2015) and Tylenol. Prior medications are not indicated. Prior treatments include Lidoderm Patch, home exercise program, and aqua exercises. Objective findings (09-18-2015) were documented as "no change" on examination. There was functional range of motion with forward flexion and extension. There was minimal tenderness to palpation of his lumbar spinous processes. On 10-13-2015, the request for Lidoderm patches 5% # 30 was non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: 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): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lidoderm® (lidocaine patch).

Decision rationale: The CA MTUS guidelines cited state that topical lidocaine is not a first-line treatment for localized peripheral pain; however, it may be recommended in cases where there has been a prior trial of first-line therapy with medications such as tricyclics, anticonvulsants, or serotonin and norepinephrine reuptake inhibiting antidepressants. Although Lidoderm is only FDA indicated for neuropathic pain due to post-herpetic neuralgia, it has FDA orphan status in treatment of chronic neuropathic pain disorders. The injured worker in this case, he has had a history of neuropathy documented, but is not on first-line therapy and there is no documentation of pain score reduction and objective functional improvement with Lidoderm. The request for Lidoderm patch 5% #30 is thus, not medically necessary and appropriate.