

Case Number:	CM15-0209967		
Date Assigned:	10/28/2015	Date of Injury:	04/09/2010
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/26/2015

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 is a 64-year-old male with a date of industrial injury 4-9-2010. The medical records indicated the injured worker (IW) was treated for cervical post laminotomy pain syndrome; recurrent left inguinal hernia repair with residual neuralgia and pain; right lateral epicondylitis; and pain disorder, psychological factors and general medical condition. In the 9-1-15 progress notes, the IW reported neck pain. On examination (9-1-15 notes), there was cervical spine tenderness with restricted range of motion and moderate right epicondylar tenderness. Treatments included Percocet, which he reported was effective; cervical laminotomy, with residual pain; and elbow injections, which were helpful. Failed medications included Tramadol, Butrans patch and gabapentin. There was no documentation in the treatment plan to include Lidocaine patches and no rationale given for their use, as the IW found Percocet to effective for his pain. A Request for Authorization dated 9-4-15 was received for Lidocaine pad 5% #90 with 2 refills. The Utilization Review on 10-7-15 non-certified the request for Lidocaine pad 5% #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS RFA Lidocaine pad 5% Day supply: 90 Qty: 90 with 2 refills: 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): 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. The claimant was also on other topical analgesics. Multiple topicals are not indicate. The use of topical Lidocaine was not substantiated. The request for continued and long-term use of Lidocaine patches as above is not medically necessary.