

Case Number:	CM15-0020350		
Date Assigned:	02/09/2015	Date of Injury:	03/10/2011
Decision Date:	03/26/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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 47 year old male who sustained a work related injury when he developed worsening left lower extremity numbness, while performing heavy lifting, March 10, 2011. According to a physician office visit, dated January 5, 2015, the injured worker visited for medication refills only. The diagnoses are documented as cervical and lumbar disc displacement without myelopathy. Prescriptions and requests were made for ongoing medications that included gabapentin, Lidoderm patch, buprenorphine, cyclobenzaprine, trazodone, and Prozac. According to a weekly physician's progress report from the Functional Restoration Program, dated January 19, 2015, the injured worker has completed the third week of the functional restoration program and remains engaged in both the physical and psychological portions of a multidisciplinary chronic pain treatment. According to utilization review dated January 28, 2015, the request for (re-review DOS 11/13/2014) Lidoderm Patch 5% (700mg/patch) #60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (700mg/patch). #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical Analgesics Page(s): 56-57 and 111-112.

Decision rationale: The injured worker has a history of cervical and lumbar disc displacement without myelopathy and chronic pain. The 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, has had a long history of neuropathy documented by symptomatology, exam, and diagnostic findings. He has been on long-term first-line therapy with gabapentin and Prozac, plus various narcotic and analgesic trials. However, with the addition of the Lidoderm patch, he demonstrated decreased pain and increased functional improvement, while participating in his functional restoration program. The request for Lidoderm Patch 5% (700mg/patch) #60 based on the MTUS guidelines is medically necessary and appropriate.