

Case Number:	CM15-0022631		
Date Assigned:	02/12/2015	Date of Injury:	02/03/2002
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 58 year old male, who sustained a work/ industrial injury on 2/3/02 as a bus driver. He has reported symptoms of back pain and intermittent left shoulder pain, s/p surgery. Prior medical history includes hypertension and diabetes mellitus. The diagnoses have included with intermittent symptoms and chronic low back pain. Treatments to date included home exercise program and medication. Medications included Lyrica, Felodipine, Losartan, Januvia, and Byetta. Examination of the lumbar spine revealed negative straight leg raise, mild tenderness, flexion 80 degrees, extension 20 degrees, lateral bending 30 degrees bilaterally, and intact sensation on the lower extremities. Examination of the left shoulder revealed motor strength 5-/5, no laxity with flexion 170 degrees, abduction 170 degrees, internal and external rotation 80 degrees, adduction 40 degrees and extension 30 degrees. A request was made for Lidoderm 5% Patch for pain relief. On 1/29/15, Utilization Review non-certified a Lidoderm 5% Patch #30 12 hr. on and 12 hr. off, with 2 refills, noting the California Medical treatment Utilization Schedule (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 5% patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The requested Lidoderm 5% patch #30 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The treating physician has documented negative straight leg raise, mild tenderness, flexion 80 degrees, extension 20 degrees, lateral bending 30 degrees bilaterally, and intact sensation on the lower extremities. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5% patch #30 with 2 refills is not medically necessary.