

Case Number:	CM15-0216748		
Date Assigned:	11/06/2015	Date of Injury:	10/28/2013
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/03/2015

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
 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 60 year old male with a date of injury on 10-28-2013. The injured worker is undergoing treatment for lumbosacral region radiculopathy, low back pain, carpal tunnel syndrome, complex regional pain syndrome-right, and psychophysiologic disorder. A physician progress note dated 10-09-2015 documents the injured worker's mood and sleep is poor. He has an absent Achilles on both sides. There is absent myoclonus throughout. Sensation to light touch is diminished in a L4, L5, and S1 on the right side dermatomal distribution, and also diminished pinprick sensation in the bilateral digits. He has an antalgic gait and a kyphotic posture. He has tenderness over the paraspinal muscles overlying the facet joints and S1 joints on both sides. Straight leg raise is positive on the right side. Treatment to date has been focused on his upper extremities. Lidoderm patches for nerve pain reduce his symptoms and improve his function by 50%. A physician note dated 12-23-2014 documents he is not taking medication for pain relief as he was having medication induced gastritis from the Relafen. He would like to avoid taking medications at this time. Treatment to date has included diagnostic studies, medications, status post right trigger finger release on 01-08-2015, physical therapy, home exercise program, and psyche sessions. Current medications include Lidoderm patches, Enalapril Maleate, an Advil. The treatment plan includes Lidoderm patches (since at least 04-14-2015), physical therapy x 6 to the low back and radicular symptoms. On 10-16-2015 Utilization Review modified the request for Lidoderm 5% (700mg/patch) quantity 30 with five refills to Lidoderm 5% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) quantity 30 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. there is poor evidence to support its use in other neuropathic pain conditions such as such as spinal pain. There is documentation of 1st line medication failure and improvement in pain and function with current lidoderm use. However, the number of patches requested is inappropriate. This request would give the patient 6months of unmonitored medications which does not meet MTUS guidelines concerning appropriate reassessment and monitoring. Lidoderm #30 with 5 refills are not medically necessary.