

Case Number:	CM15-0218725		
Date Assigned:	11/10/2015	Date of Injury:	08/23/2005
Decision Date:	12/22/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/06/2015

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: North Carolina

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 46 year old male who sustained an industrial injury on 8-23-2005. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain and traumatic sciatica. According to the progress report dated 9-19-2015, the injured worker complained of right buttock pain. He reported the pain was worse with walking and better with medication. Per the treating physician (9-19-2015), the work status was regular duty. Objective findings (9-19-2015) revealed positive straight leg raise on the right. There was tenderness over the right buttock. Parts of the progress report were hand-written and difficult to decipher. Treatment has included medications. Current medications (9-19-2015) included Tramadol and Lidoderm 5% patches (since at least 7-2014). The original Utilization Review (UR) (10-7-2015) denied a request for Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm 5% #30: 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): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). The FDA has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status for neuropathic pain. This medication is recommended for localized peripheral pain. The patient does have peripheral pain in the form of lumbar radiculopathy however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.