

Case Number:	CM15-0222344		
Date Assigned:	11/18/2015	Date of Injury:	09/21/2007
Decision Date:	12/24/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 59 year old male with a date of injury on 9-21-07. A review of the medical records indicates that the injured worker is undergoing treatment for his knees, back, neck and upper extremities. Progress report dated 8-27-15 reports post lumbar epidural injection on 5-11-15 with 60 percent relief in lower back and leg pain. He was able to decrease oral medications and is able to stand longer by 15 minutes. He states the TENS unit was helpful but has been taken away. He has continued complaints of diffuse widespread body soreness and feels less radiation to his legs. His pain level is 6 out of 10 with medication and 10 out of 10 without medication. Objective findings: Last urine analysis 10-20-14 consistent, walks with an antalgic gait with a cane, straight leg raise bilaterally at 60 degrees, unable to heel toe walk, positive paraesthesia at L5-S1, morbid obesity, lumbar tenderness, negative scoliosis and wears a right knee brace. Treatments include medication, physical therapy, TENS, injections and right knee surgery. According to the medical records, he has been taking Lyrica as an anti-neuropathic pain medicine. Request for authorization was made for Compound Lidoderm 5 Percent Patches quantity 60. Utilization review dated 11-6-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Lidoderm 5 Percent Patches #60: 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): Lidoderm (lidocaine patch).

Decision rationale: Per the guidelines, 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker. The request is not medically necessary.