

Case Number:	CM15-0222401		
Date Assigned:	11/18/2015	Date of Injury:	10/14/2013
Decision Date:	12/24/2015	UR Denial Date:	10/26/2015
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:

The injured worker is a 45 year old female, who sustained an industrial injury on 10-14-13. The injured worker was diagnosed as having lumbar disc disease; lumbar facet syndrome; bilateral sacroiliac joint arthropathy. Treatment to date has included physical therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 9-23-15 are hand written. The notes appear to indicate the injured worker complains of lumbar spine pain and is a status post bilateral L4-S1 rhizotomy on 8-14-15. The injured worker reports continued left greater than right lumbosacral pain and a follow-up visit with the provider recommended an additional injection. The provider documents her pain as "8 out of 10 and remains the same since her last visit. It is described as moderate to severe, constant, dull and an ache." She also complains of right shoulder pain and is to be evaluated by another provider for this complaint. The provider documents her pain level as "7 out of 10, moderate, constant, dull, ache with soreness." He documents a physical examination. His treatment plan includes current request for additional injection and possible sacroiliac joint injection. He also requests a second opinion internal medicine consult and a refill of medications including Lidoderm patch. The prior PR-2 notes do not document Lidoderm patch as medications prescribed. A Request for Authorization is dated 11-11-15. A Utilization Review letter is dated 10-26-15 and non-certification for Lidoderm patches 5% #30. A request for authorization has been received for Lidoderm patches 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #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): 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.