

Case Number:	CM15-0031732		
Date Assigned:	02/25/2015	Date of Injury:	01/09/2013
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 1/9/13. She has reported back injury. The diagnoses have included right elbow medial and lateral epicondylitis, right wrist tendonitis with extensor strain and right shoulder tendonitis. Treatment to date has included acupuncture, physical therapy, home exercise program, right elbow brace and oral medications. (MRI) magnetic resonance imaging of lumbar spine performed on 1/15/14 revealed severe spinal canal stenosis at L4-5 secondary to grade 1 anterolisthesis and severe bilateral degenerative facet arthropathy, moderate to severe bilateral neural foraminal stenosis at L4-5 and mild diffuse disc bulge at L5-S1 resulting in mild spinal canal stenosis. Currently, the injured worker complains of right upper extremity pain. Tenderness is noted on palpation of lumbosacral area and right forearm during physical exam dated 12/22/14. On 1/27/15 Utilization Review non-certified Lidoderm patches, noting the lack of evidence of failed trials of first-line recommendations of oral anti-depressants and anti-convulsant. The MTUS, ACOEM Guidelines, was cited. On 2/13/15, the injured worker submitted an application for IMR for review of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: According to the 01/07/2015 report, this patient presents with low back pain with low extremities, post thigh. The current request is for Lidocaine 5% and it is unknown exactly when the patient initially started taking this patches. The request for authorization is on 12/22/2014. The patient's work status is return to modified work with restriction. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. The provided medical reports show the patient has lumbar spine neuropathic pain but is not peripheral and localized. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed. The MTUS does not support the use of Lidocaine patch without documentation of neuropathic pain that is peripheral and localized. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. The current request IS NOT medically necessary.