

Case Number:	CM15-0036349		
Date Assigned:	03/04/2015	Date of Injury:	01/20/2006
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 female patient, who sustained an industrial injury on 01/20/2006. A primary treating office visit dated 12/30/2014 reported subjective complaint of ongoing burning, tingling, and shooting pain in the upper and lower back, throughout her lower extremities and into bilateral feet. The worst areas are reported as the anterior thighs. She also has a burning pain in the right vaginal area along with urinary incontinence. Objective findings showed the patient with an antalgic gait, lower extremity edema. The following diagnoses are applied; lumbosacral radiculitis; lumbar post-laminectomy syndrome; sacroiliac joint inflamed and drug induced constipation. A request was made for medication Lidocaine %5 patches. On 02/03/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Lidocaine was cited. 02/26/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30 no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Lidoderm (lidocaine patch).

Decision rationale: Lidoderm Patch 5% #30 no refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that 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. . The documentation does not indicate a diagnosis of post herpetic neuralgia. The ODG states that this patch is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. The ODG states that the area for treatment should be designated as well as number of planned patches and duration for use The documentation does not indicate localized peripheral pain as the patient has diffuse areas of neuropathic. The request does not specify what body part this will be used on. For these reasons the request for Lidoderm Patch 5% is not medically necessary.