

Case Number:	CM15-0036523		
Date Assigned:	03/05/2015	Date of Injury:	01/09/2013
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
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: 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 54-year-old male, who sustained an industrial injury on 1/9/13. He has reported back and right elbow injury. The diagnoses have included cervical strain/sprain, thoracic sprain/strain and brachial neuritis or radiculitis. Treatment to date has included physical therapy, oral medications, elbow injection and topical medications. (MRI) magnetic resonance imaging of lumbar spine revealed severe spinal canal stenosis at L4-5 and 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 elbow/forearm and back pain. Physical exam dated 1/29/15 noted tenderness to palpation of forearm, extension tenderness of lateral epicondylar area, mild swelling and tenderness to palpation of lumbosacral area with guarding and spasm. On 2/17/15 Utilization Review, non-certified Lidoderm patches 5% #60, noting they are only FDA approved for treatment of neuropathic pain attributed to post herpetic neuralgia. The MTUS, ACOEM Guidelines, was cited. On 2/20/15, the injured worker submitted an application for IMR for review of Lidoderm patches 5% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 01/09/2013 and presents with back pain and right elbow pain. The request is for lidoderm patches 5% #60. The RFA is dated 01/29/2015, and the patient is to return to modified work on 01/29/2015. MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG Guidelines further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting the pain and function. The 01/29/2015 report states "patient utilizes Lidoderm patches to lumbar spine and bilateral knees with relief. Relief, able to work, sleep improved." The patient has a positive Cozen's test, mild swelling, and a limited range of motion, and tenderness to palpation of the right elbow. The patient has a positive straight leg raise and a decreased range of motion of the lumbar spine as well. Although the treater documents improvement in pain and function as required by MTUS Guidelines page 60, the patient does not have localized neuropathic pain, which is also required. Therefore, the requested Lidoderm patch is not medically necessary.