

Case Number:	CM15-0053018		
Date Assigned:	03/26/2015	Date of Injury:	09/27/2002
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 67 year old male, who sustained an industrial injury on 9/27/02. He reported pain in the lower back, neck and bilateral wrists/hands related to cumulative trauma. The injured worker was diagnosed as having myofascial pain syndrome, chronic pain syndrome, right wrist sprain and laminectomy syndrome. Treatment to date has included lumbar MRI, massage, electrical stimulation and oral and topical pain medications. As of the PR2 dated 2/19/15, the injured worker reports cervical and lumbar pain that radiates to the right lower extremity. The treating physician noted decreased range of motion in the cervical spine. The treatment plan is to continue oral and topical pain medication, occipital injections and cognitive behavior therapy for pain management. The treating physician requested to continue Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, he was prescribed and taking Neurontin and later was prescribed Lidocaine patches, both to help treat his chronic neuropathic pain. However, there was insufficient documentation explaining or describing if or how the Neurontin was failing to warrant lidocaine use. In addition, since the worker had been using the lidocaine patches, there was incomplete reporting on how effective they were at relieving the pain (measurably) and how the lidocaine led to measurable functional gains. Without this information in the documentation provided for review, the Lidoderm will be considered medically unnecessary at this time.