

Case Number:	CM15-0057543		
Date Assigned:	04/02/2015	Date of Injury:	09/08/2014
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, California
 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:

This is a 52-year-old female patient, who sustained an industrial injury on September 8, 2014. The diagnoses include lumbar strain, pre-existing lumbar stenosis with right sided sciatica, lumbar laminectomy, new left sided sciatic, left shoulder rotator cuff strain with frozen shoulder and left hand numbness. Per the doctor's note dated 2/18/2015, she had complaints of pain over the lumbar spine, left shoulder and left wrist and hand. The physical examination revealed lumbar spine; tenderness, decreased range of motion, positive Kemp's test bilaterally, decreased strength and sensation at 4/5 in L4, L5 and S1 dermatomes; left shoulder; tenderness, decreased range of motion, positive Hawkin's, Impingement and Neer sign; left wrist; decreased sensation in median and ulnar nerve distribution. According to progress note of December 23, 2014, she had complaints of low back and left shoulder pain. The Lidoderm Patches really help the neuropathic pain in the bilateral feet. The Lidoderm patches decreases the pain from 8 out of 10 to a 5 out of 10 and she was able to ambulate. The medications list includes Tylenol#3, robaxin and lidoderm patches. Her surgical history includes lumbar laminectomy in 2002, right knee surgery in 2009 and removal of part of the kidney due to cancer. She has had left shoulder MRI for this injury. She has had physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch) Page(s): 111-112, 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Request: Lidoderm Patches 5%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain 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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm Patches 5% is not fully established for this patient.