

Case Number:	CM15-0059472		
Date Assigned:	04/06/2015	Date of Injury:	03/04/2011
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Pennsylvania
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 47 year old female who sustained an industrial injury on 03/04/11. Initial complaints and diagnoses are not addressed. Treatments to date include medications, physical therapy, home exercises, and wrist splints. Diagnostic studies include x-rays, MRIs of the cervical and lumbar spine, a MR Arthrogram of the right shoulder, and nerve conduction studies. Current complaints include unspecified pain. In a progress note dated 01/05/15 the treating provider reports the plan of care as continued medication including Percocet, Lidocaine, Lyrica, Mobic, and a kenalog injection to the left hip, as well as MRIs of the lumbar and cervical spine. The requested treatments include a lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, topical Lidocaine Page(s): 112.

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

Decision rationale: Topical lidocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no indication for topical lidocaine other than for neuropathic pain. There is no indication from the record that the patch is being used for a neuropathic source of pain in this case.