

Case Number:	CM15-0080205		
Date Assigned:	05/01/2015	Date of Injury:	09/11/2014
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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 49 year old female who sustained an industrial injury on 09/11/2014. Current diagnoses include chronic low back pain, chronic left shoulder pain, and right shoulder pain. Previous treatments included medication management, left shoulder surgeries, epidural injections, physical therapy, and acupuncture. Previous diagnostic studies include urine drug screening, MRI of the right shoulder, lumbar spine, and cervical spine. Initial complaints included low back pain. Report dated 03/31/2015 noted that the injured worker presented with complaints that included left shoulder and low back pain, radiating pain down her left leg, posterior thigh, posterior knee into the posterolateral left calf, and pain inside the left knee. Pain level was not included. Current medication regimen includes Norco, Trazodone, Neurontin, and Lidoderm patches. Physical examination was positive for abnormal findings. The treatment plan included prescribing medications, schedule for Botox injections, and follow up in one month. The physician noted that the injured worker has been using the Lidoderm patches for the radiating symptoms and has noticed that it has helped decrease the pain levels. Disputed treatments include Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: Lidoderm Patches #30 are 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 failure of first line therapy for peripheral pain as the patient continues to use Neurontin. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patches is not medically necessary.