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| Case Number: | CM15-0084831 | | |
| Date Assigned: | 05/07/2015 | Date of Injury: | 01/04/2010 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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: Arizona, 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:

The injured worker is a 59-year-old male who sustained an industrial injury on January 4, 2010. Previous treatment includes medications, work modifications and restrictions, and physical therapy. Currently the injured worker complains of increased pain in the neck, feet and shoulders. He reports pain in both shoulders, and upper and lower back pain. Diagnoses associated with the request include chronic lumbar back pain with multilevel disc desiccation and disc bulging, chronic thoracic pain with multilevel midthoracic vertebral body Schmorl node complexes, chronic cervical pain, chronic bilateral lower extremity radicular symptoms and chronic bilateral shoulder pain and chronic depression and anxiety. The treatment plan includes work restrictions, Norco, Senna, Amitriptyline, acupuncture, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been given Lidocaine with oral Norco. There was no indication of reduced opioid need. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.