

Case Number:	CM15-0088603		
Date Assigned:	05/12/2015	Date of Injury:	03/04/1997
Decision Date:	06/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/08/2015

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: California
Certification(s)/Specialty: Emergency 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 an 81-year-old female who sustained an industrial injury on 3/4/1997. Her diagnoses, and/or impressions, are noted to include failed back syndrome; mechanical spine pain; right lower extremity radiculopathy with irritative neuropathy; right ankle injury; right knee degenerative arthrosis; and metatarsalgia, rule-out neuroma. No current imaging studies are noted. Her treatments have included a home exercise program, therapy at the [REDACTED] and medication management. Progress notes of 3/19/2015 reported a follow-up visit for chronic failed back syndrome, with complaints of severe back pain with intermittent numbness/tingling to the lower extremities, x 2 months, which is now constant, moderate in intensity, and with right leg pain/numbness; improved with Celebrex and Lidoderm patches. The objective findings were noted to include significantly reduced range of motion, flexion and extension on the right side; and positive sciatic notch tenderness bilaterally. The physician's requests for treatments were noted to include the continuation of Lidoderm patches for symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% Day Supply: 11 Qty: 90 Refills: 3 (Rx date: 04/13/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. It may be considered after failure of first line treatment. Patient has no documented failure of first line agents such as Lyrica or Neurontin. Patient has been on patches chronically and there is no documentation of any objective improvement in pain or function. The number of patches and refills requested is inappropriate. Lidocaine patch is not medically necessary.