

Case Number:	CM14-0114875		
Date Assigned:	08/04/2014	Date of Injury:	06/30/1996
Decision Date:	10/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year old female injured on 06/30/1996 due to trip and fall. The initial treatments rendered were not discussed in the documentation provided. Diagnoses include lumbar back pain, spinal stenosis of the lumbar region, degenerative disc disease of the lumbar spine, sciatica, peripheral neuropathy of the lower extremities bilaterally, chronic insomnia, chronic depression, and anxiety. Clinical note dated 06/16/14 indicates the injured worker presented complaining of pain to the bilateral legs, bilateral buttocks, bilateral hips, bilateral knees, bilateral low back, and bilateral ankles/feet. The injured worker rated pain at 5-8/10 described as pain and spasticity. Physical examination revealed poor dentation, obese, no deformity or scoliosis, antalgic gait without the use of cane, transfers independently, and left upper extremity and left lower extremity swelling. Medications included Arthrotec, MS Contin, Norco, Provigil, Lidoderm patch, Lactulose, Soma, Lorazepam, and Prilosec. Treatment plan included decrease MS Contin from 2 tablets every 12 hours to 2 tablets in AM and 1 tablet QHS. Meloxicam discontinued due to lack of efficacy. Initial request was non-certified on 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57; 68-71; 75 and 78. Decision based on Non-MTUS Citation ODG, Treatment Index, 12th edition (web), 2014

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

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of topical analgesics has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm (Lidocaine Patch 5%) x 30 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.