

Case Number:	CM15-0018102		
Date Assigned:	02/05/2015	Date of Injury:	03/29/2010
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 3/29/10. Neurology Progress Note for 1/9/15 noted that she continues to have muscle spasm and lots of pain. She is taking cymbalta for depression and pain management. She is still having pain in her back that wakes her up at night about 2-3 times and pain in her lower back to the lower extremities. She has complaints of constipation, abdomen pain and sleeping issues. Back pain radiates into both lower extremities, numbness in legs more on the right side. Medications include neurontin, duloxetine, tramadol, omeprazole, docusate, metaxaline, zolpidem, ranitidine, lidoderm patches and naprosyn. According to the utilization review performed on 12/30/14, the requested Lidoderm patch #90 has been non-certified. CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #90: 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): 56-57. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm

Decision rationale: Per the 12/12/14 report the patient presents with lower back pain radiating into the bilateral lower extremities with new neck and arm pain. The RFA is not included. The 12/30/14 utilization review states the request was received 12/19/14. The patient is working. MTUS Lidoderm (lidocaine patch) pages 56, 57 has the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. The reports show the patient has been prescribed this medication since at least 09/08/14. The 12/12/14 report states regarding listed medications, "Needs all the medications and these have helped her." In this case, the patient's diagnoses include peripheral neuropathy. However, guidelines state the medication is indicated for localized, peripheral neuropathic pain and it appears the patient's pain is non-dermatomal referred pain. Furthermore, the treater does not state to which body parts the patches are to be applied. The request IS NOT medically necessary.