

Case Number:	CM15-0112526		
Date Assigned:	07/22/2015	Date of Injury:	05/10/2007
Decision Date:	08/26/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 5/10/2007, resulting from a slip and fall. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lumbar radiculitis, unspecified internal derangement of bilateral knees, and right ankle sprain-strain. Treatment to date has included medications, physical therapy, aquatic therapy, acupuncture, and epidural injection. On 3/23/2015, the injured worker complains of pain in her low back, right ankle, and bilateral knees. Pain was rated 8/10 and affected her sleep and activities. The treatment plan included Lidoderm patches for pain. Work status was total temporary disability and care was to be transferred to pain management specialist. Current pain management note (5/07/2015) did not note the use of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 5/10/200. The medical records provided indicate the diagnosis of displacement of lumbar intervertebral disc without myelopathy, lumbar radiculitis, unspecified internal derangement of bilateral knees, and right ankle sprain-strain. Treatment to date has included medications, physical therapy, aquatic therapy, acupuncture, and epidural injection. The medical records provided for review do not indicate a medical necessity for Lidoderm patches, #45. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Lidoderm patch is a topical analgesic containing Lidocaine. The MTUS states that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Therefore, this medication is not recommended since the injured worker has not been diagnosed of post-herpetic neuralgia.