

Case Number:	CM15-0146102		
Date Assigned:	08/06/2015	Date of Injury:	08/01/1997
Decision Date:	10/26/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial injury on 8-1-1997. Medical records indicate the worker is undergoing treatment for Status post lumbar 4- sacral 1 fusion, lumbar radiculopathy, right hip pain and right shoulder tendonitis. A recent progress report dated 6-23-2015, reported the injured worker complained of cervical, thoracic and lumbar pain rated 6 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed cervical, thoracic and lumbar tenderness. Treatment to date has included lumbar 4 to sacral 1 fusion, lumbar epidural steroid injection, aquatic therapy, physical therapy, Norco, Gabapentin, Lidoderm patches and Ativan. Recent urine drug screen on 4-16-2015 was consistent with prescribed medications per the progress note dated 6-23-2015. The physician is requesting Lidocaine 5% patches, #30. On 7-6-2015, the Utilization Review non-certified Lidocaine 5% patches, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that the injured worker suffers from localized peripheral neuropathic pain, for which topical lidocaine is indicated. As such, the request is not medically necessary.