

Case Number:	CM15-0170085		
Date Assigned:	09/10/2015	Date of Injury:	07/23/2014
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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 66 year old female, who sustained an industrial injury on 07-23-2014. The injured worker is currently off work due to her recent back surgery. Current diagnoses include osteoarthritis in the left knee status post anterior cruciate ligament tear, lumbar spondylolisthesis, and sciatica, and sciatica. Treatment and diagnostics to date has included spinal fusion and physical therapy. In a progress note dated 07-15-2015, the injured worker presented for a recheck four and a half weeks after spinal fusion and bilateral knee pain. The physician noted that the injured worker was doing well and in physical therapy and stated she is not currently on any medications but was given a refill of Tramadol and Flexeril (which is used as needed) and a prescription for Lidoderm patches. Objective findings included markedly positive anterior drawer with Lachman's and pivot shift on the left. The Utilization Review with a decision date of 07-30-2015 denied the request for Lidoderm patches 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #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): Lidoderm (lidocaine patch).

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidoderm patches 5% #30 is not medically necessary or appropriate.