

Case Number:	CM15-0171952		
Date Assigned:	09/14/2015	Date of Injury:	06/23/2008
Decision Date:	10/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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: Family Practice

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 43 year old female who sustained an industrial injury on 06-23-2008. Current diagnoses include lumbago, thoracic or lumbosacral neuritis or radiculitis, muscle spasms, anxiety, chronic pain syndrome, sciatica, and neuralgia, neuritis, and radiculitis. Report dated 07-09-2015 noted that the injured worker presented with complaints that included left ankle pain and swelling. Pain level was 6 (with medications) and 9 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-09-2015 revealed restricted range of motion in the lumbar spine due to pain, lumbar spinal tenderness, lumbar paraspinal tenderness, lumbar facet tenderness, positive lumbar facet loading maneuvers, positive straight leg raises, and dullness to pinprick bilateral feet and toes. Previous diagnostic studies included urine drug screenings. Previous treatments included medications, physical therapy, TENS unit, epidural injections, and trigger point injections. The treatment plan included refilling medications which included tizanidine, Xanax, Celebrex, Ambien, Norco, and Lidoderm patches, follow up authorization for a neurostimulator and an MRI, encouraged to continue core muscle strengthening, engage in regular low impact activities, educated about proper body mechanics. The injured worker is temporary totally disabled. The injured worker was prescribed Lidoderm patches since at least 05-14-2015. Request for authorization dated 08-11-2015, included requests for tizanidine, Xanax, Celebrex, Ambien, Norco, and Lidoderm Patch. The utilization review dated 08-17-2015, non-certified/modified the request for Lidoderm patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: As noted in the MTUS guidelines, Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including Tricyclic or SNRI antidepressants, or drugs such as Gabapentin or Lyrica. There is no indication that the injured worker has had a trial of first-line therapy such as antidepressants, Gabapentin, or Lyrica. The guidelines state that Lidocaine is not recommended for non-neuropathic pain. As noted by the MTUS guidelines, Lidocaine patch is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm DIS 5% #30 is not medically necessary and appropriate.