

Case Number:	CM15-0173803		
Date Assigned:	09/15/2015	Date of Injury:	10/04/2013
Decision Date:	10/15/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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: Connecticut, California, Virginia
 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 42-year-old female, who sustained an industrial injury on 10-4-13. Medical record indicated the injured worker is undergoing treatment for lumbar disc injury with (HNP) herniated nucleus pulposus, left sciatica, left sacroiliac arthralgia, right ankle sprain and left hip sprain. Treatment to date has included topical Lidoderm patches, oral medications including Neurontin 300mg, Naprosyn, Nucynta 300mg; epidural injections, activity modifications, physical therapy and home exercise program. Topamax was ordered, however documentation stated the injured worker had not tried it. On 7-15-15, it is noted physical as well as medications are proving effective in improving pain levels, function and range of motion. On progress note dated 6-15-15, the injured worker reported slow but steady improvement. Currently on 8-17-15, the injured worker complains of right ankle, bilateral hip and low back pain referring to left lower extremity and notes improvement with use of Lidoderm patches. She is currently employed on modified duty. Physical exam performed on 8-17-15 revealed pain referring to bilateral hips with straight leg raise, restricted, painful range of motion of left hip and moderate pain over the right sacroiliac joint right more than left L5-S1 with paraspinal spasms. On 8-17-15 a request for authorization was submitted for Lidoderm 5% patch #60 with 6 refills. The treatment plan included continuation of Lidoderm patch, Neurontin 300mg and Naprosyn 500mg. On 8-28-15, utilization review non-certified a request for Lidoderm patches noting the medical record did not endorse failure of a trial of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #60 times 6 refills: 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: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/ SNRIs or AEDs such as Gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case, the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, and it is not entirely clear that failure of oral medications has occurred. Therefore, the request for topical lidocaine at this time cannot be considered medically necessary.