

Case Number:	CM15-0174464		
Date Assigned:	09/16/2015	Date of Injury:	01/28/2014
Decision Date:	10/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 year old female who sustained an industrial injury on 1-28-14. The injured worker reported pain in the shoulder and back with radiation to the hip and lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for shoulder pain, lumbar radiculopathy, and low back pain, injury of groin, hip pain, and chronic pain syndrome. Medical records dated 8-24-15 indicate pain rated at 9 out of 10. Provider documentation dated 8-24-15 noted the work status as temporary totally disabled. Treatment has included extra strength Tylenol, since at least April of 2015, Flector patch since at least April of 2015, Lidoderm Patch, Mobic since at least April of 2015, Naproxen since at least April of 2015, omeprazole since at least April of 2015, Voltaren topical gel since at least April of 2015, cyclobenzaprine since at least April of 2015, physical therapy, chiropractic treatments, acupuncture treatment, pain psychology sessions, bilateral hip radiographic studies, and lumbar spine magnetic resonance imaging (6-9-14). Objective findings dated 8-24-15 were notable for tenderness to palpation to the paraspinal muscles with limited range of motion. The original Utilization Review (8-28-15) denied a request for Lidoderm patches 700 mg quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 700 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, page 56-57.

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

Decision rationale: The MTUS guidelines cited state that topical lidocaine is not a first-line treatment for localized peripheral pain; however, it may be recommended in cases where there has been a prior trial of first-line therapy with medications such as tricyclics, anticonvulsants, or serotonin and norepinephrine reuptake inhibiting antidepressants. Although Lidoderm is only FDA indicated for neuropathic pain due to post-herpetic neuralgia, it has FDA orphan status in treatment of chronic neuropathic pain disorders. The injured worker in this case, has had a long history of neuropathy; however, there is no documentation of initiation and/or failure of first-line therapy. Therefore, although Lidoderm may be a reasonable request for future treatment, the current request for Lidoderm Patch 5% (700mg/patch) #60, based on the MTUS guidelines and medical documentation, is not medically necessary and appropriate.