

Case Number:	CM15-0174989		
Date Assigned:	10/12/2015	Date of Injury:	11/24/2000
Decision Date:	11/18/2015	UR Denial Date:	08/26/2015
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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 68 year old female who sustained an industrial injury on 11-24-2000. Medical records indicate the worker was treated for sciatica, osteoarthritis in the shoulder, and neck pain. In the provider notes of 07-15-2015, the injured worker is seen in follow up of back pain, sciatic pain and neck pain. Her current medications include Ambien, amitriptyline, Lidoderm adhesive patches, lorazepam, tramadol and Zoloft. On exam of the cervical spine, trigger points were noted in the trapezius and the rhomboids. Deep tendon reflexes were "normal right and normal left." She had pain on rotating right to left. The sensory exam and the motor exams were recorded as "normal". In the lumbar spine, trigger points were noted "Sciatic right, sciatic left and iliac crest." Sensory exam, motor exam and deep tendon reflexes were "normal". The plan of care was to continue present program and medication regimen. A request for authorization was submitted for Lidoderm patch, unknown dosage & quantity. A utilization review decision 08-26-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch, unknown dosage & quantity: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the exam note from 7/15/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Therefore, the request is not medically necessary and non-certified.