

Case Number:	CM15-0179850		
Date Assigned:	09/21/2015	Date of Injury:	04/04/2014
Decision Date:	10/26/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, 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:

This is a 55-year-old male with a date of injury on 4-4-2014. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, cervical spine disc protrusion, cervical spine radiculopathy, thoracic spine sprain-strain, thoracic disc protrusion, lumbar spine sprain-strain and left shoulder sprain-strain. Medical records (5-11-2015 to 7-22-2015) indicate ongoing neck pain radiating to the left upper extremity rated six out of ten. The injured worker complained of occasional headaches, occasional mid back pain, frequent low back pain radiating down the left lower extremity and frequent left shoulder pain rated five to six out of ten. Per the treating physician (7-22-2015), the injured worker remained temporarily totally disabled. The physical exam (5-11-2015) revealed tenderness to palpation along the trapezius muscles bilaterally with palpable spasms. There was tenderness to palpation along the lumbar spine. There was tenderness and spasms along the paravertebral muscles of the lumbar spine bilaterally. Straight leg raise was positive on the left side. Treatment has included acupuncture, physical therapy, a home exercise program and medications. The request for authorization dated 8-11-2015 was for a follow up visit, Omeprazole, an internal medicine consult and Lidoderm patches. The original Utilization Review (UR) (8-18-2015) non-certified a request for Lidoderm patches. UR certified requests for Omeprazole, internal medicine consult and a follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 % patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. The claimant was on topical Lidoderm for a few months and long-term use of topical analgesics such as Lidoderm patches is not recommended. There was no reduction in oral NSAID use. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.