

Case Number:	CM15-0025061		
Date Assigned:	02/17/2015	Date of Injury:	05/24/2014
Decision Date:	04/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury reported on 5/24/2014. She has reported increased mid-back spasms and achy pain, and managed chronic pain, in the low-back, on current medication regimen. The diagnoses were noted to have included low back contusion and lumbar region sprain and myofascial pain syndrome; left lower extremity neuralgia related to lumbar sacral impairment; cervical and sacroiliac myofascial pain syndrome; post-traumatic stress disorder from industrial sexual assault; major depressive disorder - recurrent. Treatments to date have included consultations; diagnostic imaging studies; therapy; rest and activity restrictions; physical therapy; and medication management that. The work status classification for this injured worker (IW) was noted to be mentally and physically, temporarily totally disabled. The request for authorization, dated 1/26/2015, notes Lidoderm patches were requested for the diagnoses of leukemia - chronic, backache, and unspecified psych, and for neuralgia arising from back. On 2/9/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/26/2015, for Lidoderm patches 5%, one a day, #30 - to #15. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, pain - topical agents; and the American College of Occupational and Environmental Medicine, chronic pain chapter, topical and compounded medications, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

Decision rationale: Topical lidocaine has been approved to treat neuropathic pain but is largely experimental in use with few controlled trials determining efficacy. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation that this patient failed to achieve benefit from the use of antidepressants and anticonvulsants. For this reason, the request for Lidoderm is not appropriate and necessary.