

Case Number:	CM15-0066868		
Date Assigned:	04/14/2015	Date of Injury:	08/02/2013
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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 Jersey

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:

The 48 year old male injured worker suffered an industrial injury on 08/02/2013. The diagnoses included lumbar/cervical sprain/strain with radiculopathy, left/right knee sprain/strain with internal derangement, left/right sprain/strain rule out internal derangement and cephalgia. The diagnostics included lumbar spine, left/ right knee and right/left ankle magnetic resonance imaging and x-rays of the orbits. The injured worker had been treated with surgery and medications. On 3/10/2015 the treating provider reported pain in the neck with radicular symptoms into both arms. He complained of pain in the lower back with radicular symptoms to both legs. He also complained of right/left knee pain and right/left ankle pain. The treatment plan included Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidoderm patch, topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no found evidence in the documents provided which showed failure of first-line therapy for neuropathic pain before considering Lidocaine as a second-line option. Also, Lidoderm is not indicated for spinal neuropathy which is what this worker is experiencing. Therefore, the request for Lidoderm is not medically necessary.