

Case Number:	CM15-0068737		
Date Assigned:	04/16/2015	Date of Injury:	06/07/2007
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 57 year old female, who sustained an industrial injury, June 7, 2007. The injured worker previously received the following treatments electrical stimulation, spinal manipulation, lumbar traction, passive motion, trigger point work, Prilosec, Lidoderm Patches, Norco, Amitriptyline and Flexeril. The injured worker was diagnosed with lumbosacral sprain/strain, lumbosacral segment dysfunction, thoracic segment dysfunction, neuritis/radiculitis thoracic/lumbosacral, spinal enthesopathy. According to progress note of March 9, 2015, the injured workers chief complaint was lumbar and sacroiliac discomfort. The injured worker rated the pain 2 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted tenderness at the right pelvic and L5 levels. The treatment plan included a prescription for Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches Qty 30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was noted that the injured worker was not a candidate for oral gabapentin as he does heavy lifting and other work during the daytime. The injured worker has been treated with amitriptyline. I respectfully disagree with the UR physician's assertion that this was not documented. The request is medically necessary.