MAXIMUS Federal Services

Case Number:	CM15-0069534		
Date Assigned:	04/17/2015	Date of Injury:	02/05/1997
Decision Date:	05/18/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/13/2015

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, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 43-year-old male who sustained an industrial injury on 02/05/1997. Current diagnoses include lumbar radiculopathy, lumbar post laminectomy syndrome, right shoulder impingement syndrome, and depression and anxiety. Previous treatments included medication management, psychotherapy, physical therapy, epidural steroid injections, lumbar fusion, aqua therapy, shoulder injections, and home exercise program. Initial complaints included low back, right ankle, and right shoulder. Report dated 01/22/2015 noted that the injured worker presented with complaints that included low back pain that radiates to the legs. Pain level was rated as 5 out of 10 on the visual analog scale (VAS) with medication. Physical examination was positive for abnormal findings. The treatment plan included request for shoulder injection, discussed medication regimen and potential interaction with psychotropic meds, continue with psych, continue home exercise program, and prescribed medications. Disputed treatments include Lidoderm 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [redacted]. Topical 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm 5% patches, quantity unspecified is not medically necessary.