

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0072067 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 02/26/2004 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 (IW) is a 54-year-old male who sustained an industrial injury on 02/26/2004. Diagnoses include lumbar strain with radiculopathy to the right and chronic right ankle strain. Treatment to date has included medications, physical therapy, sacroiliac joint injections, epidural steroid injections, TENS and lumbar fusion. Diagnostics included x-rays, MRIs, neurosurgery consultation and electrodiagnostic testing. According to the progress notes dated 3/3/15, the IW reported low back pain with burning sensation radiating down both legs, right ankle pain, depression/frustration due to pain and sleep difficulty due to chronic pain. A request was made for one prescription of Lidocaine patch 5%, #50; the IW has refused narcotics and more invasive treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine patch 5%, #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57 and 112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2004. Per the guidelines, 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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records do not support medical necessity for the prescription of Lidocaine patch in this injured worker. The request IS NOT medically necessary.