

Case Number:	CM15-0076760		
Date Assigned:	04/28/2015	Date of Injury:	09/08/2014
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/21/2015

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: Arizona, California

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 injured worker is a 51 year old male who sustained an industrial injury on 09/08/2014. Current diagnoses include lumbar sprain, history of lumbar laminectomy, left sided sciatica, left shoulder rotator cuff strain with frozen shoulder, and left hand numbness. Previous treatments included medication management, lumbar surgery, injection, right knee surgery, physical therapy, and acupuncture. Report dated 03/19/2015 noted that the injured worker presented with complaints that included persistent back pain with radiation, left shoulder pain, and left wrist/hand pain. Pain level was 8.5 out of 10 (back and left shoulder) and 5-6 out of 10 (left wrist/hand) on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continue using left wrist brace, begin acupuncture, and written prescriptions. Disputed treatments include Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm (lidocaine patch) Page(s): 111-112; 56-57.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches (the claimant had been on for over 3 months) are not recommended. The claimant was previously on other topical analgesics including Kera-Tek. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.