

Case Number:	CM15-0091483		
Date Assigned:	05/15/2015	Date of Injury:	03/15/2006
Decision Date:	06/23/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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

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 39 year old, male who sustained a work related injury on 3/15/06. He was rear-ended in a motor vehicle accident. The diagnoses have included chronic idiopathic pain, chronic lumbalgia, chronic lumbar radiculopathy, status post implantation of lumbar spinal cord stimulator, major depression, anxiety disorder and cervicgia. Treatments have included oral medications, Lidoderm patches, psychotherapy, TENS unit therapy, spinal cord stimulator, epidural injections and facet blocks. In the Primary Treating Physician's Initial Pain Management Evaluation dated 3/17/15, the injured worker complains of constant neck pain with radiation to both arms. He also complains of constant low back pain that radiates down both legs, right greater than left. He has tingling, numbness and weakness in both legs. He rates his pain level a 7/10 with medication use and a 9-10/10 without medications. He states he is bedridden, has difficulty with activities, cannot concentrate, is irritable and angers easily without medications. Because of denials by insurance carrier, he has been off and on with his medications for the last 6 ½ months. On physical examination, he has tenderness to palpation and guarding of cervical paraspinal musculature. He has limited range of motion of cervical spine due to pain. He has tenderness to touch and guarding in the lumbar paraspinal musculature. He has limited range of motion in lumbar spine due to pain. The treatment plan includes a refill prescription for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% (700mg/patch) # 30 w/3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient receives treatment for chronic pain syndrome, chronic low back pain with radiculopathy, major depression and anxiety since a motor vehicle accident on 03/15/2006. This review addresses a request for Lidoderm. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Lidoderm contains Lidocaine, an anesthetic agent. The Lidoderm patch is FDA approved for post-herpetic neuralgia and some other forms of neuropathy, when used as a second line agent. This patient does not have peripheral neuropathy, nor is there documentation that an AED has been tried and failed. Based on the documentation, Lidoderm is not medically necessary.