

Case Number:	CM15-0091643		
Date Assigned:	05/15/2015	Date of Injury:	10/05/2005
Decision Date:	06/23/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/11/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53-year-old male, who sustained an industrial injury on 10/5/2005. The mechanism of injury is not indicated in the records available for this review. The injured worker was diagnosed as having lumbago, lumbar radiculopathy, carpal tunnel syndrome, elbow pain, and elbow tenosynovitis. Treatment to date has included medications, magnetic resonance imaging, shoulder surgery, physical therapy, and home exercises. The requested treatment is: Lidocaine patches. On 4/29/2015, he reported having another sciatic attack "out of the blue", with pain going across his back down the left leg. He is utilizing Norco and Tramadol. He indicated the Norco four times daily is not stopping the pain, and he is using a lumbar belt all the time. He reported his right elbow to be the same as a previous examination. He stated his pain level is 4-5/10 on medications. Current medications are listed as Norco, Tramadol, and Lorzone. He completed a magnetic resonance imaging of the lumbar spin on 6/24/2014, which revealed retrolisthesis at L5-S1. A straight leg raise test is positive on the left. The treatment plan included continuing Lorzone, Norco, and home exercises. The records do not indicate a failure of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. As such, the currently requested lidocaine patch is not medically necessary.