

Case Number:	CM15-0094565		
Date Assigned:	05/21/2015	Date of Injury:	05/29/2003
Decision Date:	07/02/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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 63 year old male, who sustained an industrial injury on May 29, 2003. Treatment to date has included physical therapy, medications, lumbar laminectomy and fusion. Currently, the injured worker complains of left knee pain and instability and low back pain. He reports that he is homebound and does not get out because of instability and difficulty with ambulation. He reports that his physical therapy is causing irritation to his pain. The injured worker reports that Duragesic patches and Dilaudid alleviate his pain from a 10 to a 7 on a 10-point scale. His medication allows him to be more functional with household chores and has improved his sleep. He reports that his average pain is rated an 8 on a 10 point scale. The Diagnoses associated with the request include lumbar spine pain and s/p lumbar laminectomy and fusion. The treatment plan includes Duragesic patches, morphine sulfate IR, and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month supply of Lidoderm 5% patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines support the use of topical lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for initial treatment of chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing lower back pain and left knee pain with instability. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a one-month supply of Lidoderm 5% patches is not medically necessary.