

Case Number:	CM13-0040747		
Date Assigned:	12/20/2013	Date of Injury:	02/23/2013
Decision Date:	04/03/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Preventative Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 46-year-old female claimant, who sustained a work injury on 2/23/13, resulting in cervical strain, thoracic strain, lumbar strain, bilateral shoulder strain and post-traumatic cephalgia. An MRI in 2010 showed disc protrusion of the L5-S1 region. An exam report on 9/19/13 indicated 4-8/10 pain in the lumbar spine for which she was taking Anaprox. Her exam findings revealed limited range of motion of the spine, positive Kemp's test, positive leg raise on the left side, and decreased sensation in the L5-S1 region. She was referred to a neurosurgeon and given a prescription for Lidoderm patches for neuropathic lumbar pain. A follow-up progress note on 10/17/13 did not show any improvement in pain scales or objective clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5% TO APPLY TO THE LUMBAR SPINE, 12 HOURS ON AND 12 HOURS OFF: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are recommended as an option, and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{I}\beta$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Lidocaine is indicated for neuropathic pain, and 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm[®]) has been designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, there is no documentation of failure of tricyclics or anti-depressants for back pain. In addition, a subsequent follow up showed no improvement in pain scales. The use of Lidoderm patches as above were not medically necessary.