

Case Number:	CM14-0015448		
Date Assigned:	02/28/2014	Date of Injury:	04/25/2005
Decision Date:	07/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 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/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:

The injured worker is a 52-year-old male who reported an injury on 04/25/2005. The mechanism of injury was related to a fall. The injured worker continued to report bilateral neck pain, bilateral lower back pain, and bilateral lower extremity pain. The injured worker rated his pain at 6/10 with medication and 10/10 without medication. The injured worker reported his low back and lower radicular lower extremity pain continued to worsen, and he was awaiting removal of a spinal cord stimulator. The injured worker has had 2 lumbar epidural steroid injections, a caudal epidural steroid infusion, lumbar discogram, and bilateral sacroiliac joint arthrogram with introduction of steroid into the bilateral sacroiliac joints. An MRI of the lumbar spine, dated 06/27/2005, reported diffuse disc bulge measuring 3 to 4 mm at the L5-S1 disc level with narrowing of the neural foramina, and desiccated disc of the L5-S1 disc levels. EMG test done in 2005 was within normal limits of the extremities, the paraspinal EMG was consistent with irritation of the S1 nerve root; however, there were no signs of irritation in the extremity muscles. On physical examination, the range of motion of the lumbar spine was restricted with flexion, extension, and lateral rotation. There was tenderness to both sides of the paravertebral muscles, and a straight leg raise test was positive on the right side. Sensation was noted to be decreased at the L5-S1 dermatome to the right lower extremity with normal strength and tone of muscles. The injured worker was reported to have had a lumbar fusion in 2006 and then had the lumbar hardware removed on a later date which was not provided in the documentation. Diagnoses for the injured worker include status post previous lumbar fusion at L5-S1, status post lumbar hardware removal, lumbar arachnoiditis, bilateral lower extremity radiculopathy, and chronic pain syndrome. Previous treatments for the injured worker included lumbar fusion, spinal cord stimulator, and medications. The Request for Authorization of medical treatment for

the prescription of Lidoderm 5% patches was not provided in the documentation. The provider's rationale for the request was pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LIDODERM 5% PATCH, #60 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical analgesics Page(s): 56, 111.

Decision rationale: Per California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Lidoderm may be recommended for localized peripheral nerve after there has been evidence of a trial of first line therapy including tricyclics or antiepileptic medication such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than postherpetic neuralgia. There was a lack of documentation regarding antidepressants or anticonvulsants utilized by the injured worker and the efficacy and side effects of those medications. There was a lack of documentation noting the injured worker was intolerant or unresponsive to oral pain medicines beyond NSAIDs. There was a lack of documentation regarding the use of this topical and the efficacy of the topical including decreased pain or increased functionality. There is a lack of documentation regarding a diagnosis of postherpetic neuralgia for the injured worker. In addition, this medication is not recommended for chronic neuropathic pain. Therefore, the request for the prescription of Lidoderm 5% patches, quantity of 60 with 5 refills, is non-certified.