

Case Number:	CM14-0139530		
Date Assigned:	09/05/2014	Date of Injury:	03/06/2012
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 65-year-old female with a reported date of injury on 03/06/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include neck pain, anterolisthesis of C6 on C7, moderate left C3-4 stenosis, severe left C5-6 and mild bilateral C6-7 foraminal stenosis, and low back pain with multilevel degenerative disc and facet disease. Her previous treatments were noted to include acupuncture and medications. The progress note dated 08/06/2014 revealed complaints of neck and lower back pain. The injured worker indicated she completed acupuncture and some relief of the symptoms. The injured worker indicated her pain level was rated 6/10 to 7/10 before medications and after medications 4/10. The injured worker indicated she had developed paresthesias down the right lateral thigh across to the right knee level. The physical examination revealed the pain was at the right sacroiliac joint and on the lumbar range of motion she was able to flex to about 80 degrees, but extension was to less than 5 degrees with increased pain. The facet loading maneuvers were positive. The provider indicated the problem appeared to be with the right sacroiliac joint versus the right side lumbar facet syndrome versus L3 radiculopathy or a combination. The request for authorization form dated 08/18/2014 was for lidocaine 5% patches #30 with 2 refills for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches, #30 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for lidocaine 5% patches, #30 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) antidepressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). No other commercially approved topical forms of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.