

Case Number:	CM14-0162392		
Date Assigned:	10/07/2014	Date of Injury:	11/11/1985
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 55-year-old female who reported an injury on 11/11/1985. The injured worker recounted that she fell in the toilet when a patient she was treating fell on her injured back. The injured worker has diagnoses of lumbosacral radiculitis, post laminectomy syndrome of the lumbar spine, lumbago, and degeneration of the lumbar disc. Past medical treatment consists of multiple back surgeries, physical therapy, H-Wave unit, and medication therapy. Medications include Flexeril 5 mg, Flonase, Allegra, Hydrocodone/APAP, Imitrex, Levoxyl, Lidoderm patch 5%, Lopressor, and methadone. On 05/15/2014, the injured worker underwent a urine drug screen, and results indicated that the injured worker was inconsistent. On 09/16/2014, the injured worker complained of back pain and hip pain. Physical examination revealed that the injured worker was tender from L3 to S1, right more than left. She was tender at both sciatic notches. It was noted that the injured worker had a range of motion flexion of 30 degrees, extension of less than 5 degrees, left lateral flexion of 5 degrees, right lateral flexion of 5 degrees, left rotation of 5 degrees, and right rotation of 5 degrees. All above ranges of motion were accompanied with back pain. Sensory examination revealed decreased sensation of the posterior left calf and all aspects of the left foot. Motor examination revealed that motor strength was 5/5 in all extremities. The medical treatment plan is for the injured worker to continue the use of Lidoderm patches. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The request for Lidoderm patches is not medically necessary. The California MTUS 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 (trial of tricyclic or SNRI antidepressants or and AED such as gabapentin or Lyrica). Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The submitted documentation did not indicate a diagnosis congruent with the above guidelines. Additionally, there was no indication that the injured worker had trialed and failed any first line therapy. Furthermore, the efficacy of the medication was not submitted for review, nor did it indicate that the medication was helping with any functional deficits. The request as submitted did not indicate a dosage, frequency, or duration of the medication. Given the above, the request is not within the MTUS recommended guidelines. As such, the request is not medically necessary.