MAXIMUS Federal Services

Case Number:	CM14-0171842		
Date Assigned:	10/23/2014	Date of Injury:	02/10/2001
Decision Date:	12/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal 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 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 (IW) is a 62-year-old man who reported an injury on February 10, 2001 secondary to an unspecified mechanism of injury. His diagnoses included lumbar radiculopathy, lumbar discopathy, lumbar strain/sprain, intractable low back pain, and sacroiliac joint arthropathy. Previous treatments for this injury were noted to include activity modification, physical therapy, chiropractic therapy, home exercise program, epidural steroid injections (ESI) and medications. The medical records submitted for review indicated that the IW has used Lidoderm patches since at least October 28, 2011. Pursuant to the most recent progress note dated august 28, 2014; the IW reported low back pain, unchanged since pervious visit. He reported that his medication has helped with pain. On physical examination, the IW was noted to have diffuse tenderness in the lumbar paraspinal muscles with moderate spasm, as well as moderate facet tenderness in the bilateral lower lumbar spine. He had a positive straight leg raise bilaterally and restricted lumbar range of motion as well as decreased sensation at the L1-S1 dermatomes, worse at the L4-S1 on the right. He also notes to have decreased strength in the lower extremities bilaterally. The IW was recommended for repeat ESI. There was no documentation in the medical record of specific functional improvements that the IW experience using the prescribed medications. Progress note dated September 14, 2011 indicates that the IW received a refill on his medications including: Vicodin 5/50mg, Nexium 40mg, Skelaxin 800mg, Ativan 0.5mg, Lyrica 50mg, Qualaquin 324mg, and Lidoderm patch. Progress note dated October 28, 2013 indicated that the IW would be given refills of Lidoderm patches one every 12 hours on, and 12 hours off, along with Ativan 0.5mg, Lyrica 5mg, icodin5/50mg, Nexium 40mg, Skelaxin 800mg, Ibuprofen 800mg, Flexeril 10mg, and Qualaquin 324mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% 12 hrs on 12 hrs off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches 5%, 12 hours on and 12 hours off, are not medically necessary. The guidelines state topical analgesics are largely experimental if you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. In this case, there is no documentation indicating the injured worker has a diagnosis with current clinical presentation consistent with localized peripheral pain or peripheral neuropathic pain. He has diagnoses consistent with lumbar radiculopathy. Consequently, the requested topical analgesic is not currently supported for the patient's current clinical condition. Additionally, there was a lack of objective functional improvement with the Lidoderm and no serial documentation of the Lidoderm renewals (drug started 2011). Also, there is no quantity indicated in the request for the topical Lidoderm patches. The missing quantity does not allow for timely reassessment of medication efficacy. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidoderm patches 5%, 12 hours on end 12 hours off are not medically necessary.