

Case Number:	CM14-0175903		
Date Assigned:	10/29/2014	Date of Injury:	02/23/2000
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 51 year old male with complaints of low back pain, leg pain, and neck pain. The date of injury is 2/23/00 and the mechanism of injury is not elicited. At the time of request for Lidoderm patch 5%#60, there is subjective (low back pain radiating to the left lower extremity, neck pain and bilateral shoulder pain) and objective (antalgic gait noted on the left, spasms noted in the lumbar paraspinal musculature, straight leg raise is provocative for left lumbar paraspinal pain with no radiation into the lower extremity) findings, imaging/other findings (MRI lumbar spine 1/28/13 shows bilateral pars defect L5 with mild grade I anterolisthesis of L5 on S1, laminectomy at L5-S1, L4-5 and L3-4 disc protrusions worsening, left foraminal encroachment L4-5), diagnoses (herniated disc L4-5, grade I anterior spondylolisthesis L5-S1, previous laminectomy and discectomy at L5-S1, chronic low back pain, sacroiliitis left side, degenerative disc disease cervical spine, chronic neck pain, left lumbar radiculopathy), and treatment to date (medications, surgical L5-S1 decompression, trigger point injection to paraspinal musculature lumbar spine). Lidoderm is FDA approved only for post herpetic neuralgia and used off label (orphan status designation by the FDA) for other types of neuropathic pain. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Lidoderm(Lidocaine patch)

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, Lidoderm is FDA approved only for post herpetic neuralgia and used off label (orphan status designation by the FDA) for other types of neuropathic pain. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. As there is no documentation of a failed trial with an antiepileptic, it is my opinion that this medication is not medically necessary.