

Case Number:	CM14-0192213		
Date Assigned:	11/25/2014	Date of Injury:	03/17/2003
Decision Date:	01/13/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 43-year-old woman with a date of injury of March 17, 2003. The mechanism of injury was not documented in the medical record. Pursuant to the clinical note dated October 13, 2014, the IW complains of back pain and bilateral lower extremity pain. The pain is chronic, burning and aching in the low back and bilateral legs. The IW reports benefit from her chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level. On examination, the IW appeared to be in moderate discomfort during the office visit. She ambulates without assistive devices. There are spasms in the cervical spine bilaterally, left greater than right. Range of motion (ROM) is approximately 70% of predicted in all directions. There is moderate bilateral lumbar spine spasm and tenderness in the entire lumbar paraspinal muscles and ligaments. Straight leg raise test is positive at 35 degrees with complains of low back pain radiating down her right posterolateral leg, hip to heel. Normal deep tendon reflexes and motor are noted. The IW has been diagnosed with degeneration of lumbosacral intervertebral disc; lumbago; other symptoms referable to the back; displacement of lumbar intervertebral disc without myelopathy; spasm of muscles; myalgia or myositis, unspecified; thoracic or lumbosacral neuritis or radiculitis; chronic pain syndrome; and lumbar facet joint pain. Current medications include Norco 10/325mg, Ibuprofen 800mg, Tramadol 50 mg, Lidoderm patch 5%, and Voltaren gel 2%. Documentation indicated that the IW was prescribed Lidoderm patches on May 5, 2015. There were no pain assessments or documentation of objective functional improvement while using Lidoderm patches over the last several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60 with 3 refills 1-2 to skin 12 hours on and 12 hours off: Upheld

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

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); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% #60, 1 to 2 patches to the skin 12 hours on and not medically necessary. 12 hours off. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This is not a first-line treatment and is only FDA approved post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, the injured worker's diagnoses are lumbosacral intervertebral disc degeneration, lumbago, displacement of lumbar intervertebral disc without myelopathy, spasm of muscle, myalgia and myositis, thoracic lumbosacral neuritis or radiculitis, chronic pain syndrome and lumbar facet joint pain. The date of injury was March 17, 2003. The documentation shows the injured worker has been on the Lidoderm patch since May 5, 2014 (see progress note). However, there is no documentation of objective functional improvement associated with the Lidoderm patch. Consequently, absent the appropriate documentation, Lidoderm patch 5% #60, 1 to 2 patches to the skin 12 hours on 12 hours off.