

Case Number:	CM14-0026520		
Date Assigned:	06/13/2014	Date of Injury:	08/11/2009
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 53-year-old male with a reported date of injury on August 11, 2009. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain. The MRI dated March 3, 2010 revealed bilateral neural foraminal stenosis and at the L5-S1 level, a 4.5 mm broad-based lateral disc protrusion. On physical examination, the injured worker's lumbar spine range of motion revealed flexion to 70 degrees and extension to 10 degrees. According to the clinical notes, the injured worker underwent a lumbar epidural steroid injection on September 25, 2013. The injured worker indicated that the epidural injection provided pain relief for several weeks. Previous physical therapy was not provided within the documentation available for review. The clinical information indicated that the injured worker participated in a home exercise program. The injured worker's diagnosis included spinal-lumbar degenerative disc disease. The injured worker's medication regimen included Ultram 500 mg, Ultram ER 300 mg, Zanaflex, gabapentin and lidocaine patches. The Request for Authorization for 1 lidocaine 5% #30 with refill was submitted on February 24, 2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE 5%, THIRTY COUNT WITH REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Lidoderm is the brand name for lidocaine patches. Topical lidocaine 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 [anti-epileptic drug], such as gabapentin or Lyrica). Lidoderm is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. According to the documentation provided for review, the injured worker has been utilizing lidocaine patches prior to November of 2013. There was a lack of documentation related to the therapeutic benefit of the continued use of lidocaine. In addition, there is a lack of documentation related to a trial of first-line therapy, to include tricyclic or SNRI antidepressants or an antiepileptic drug, such as gabapentin or Lyrica. In addition, the guidelines state that Lidoderm is only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In addition, the request as submitted failed to provide frequency and the directions for use. The request for lidocaine 5%, thirty count with refill, is not medically necessary or appropriate.