

Case Number:	CM14-0039493		
Date Assigned:	06/27/2014	Date of Injury:	07/06/2000
Decision Date:	08/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family Practice 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:

50 year old male claimant sustained a work injury on 7/6/2000 involving the low back. He was diagnosed with lumbar disc disease and radiculopathy per an EMG. He underwent a lumbar laminectomy. A progress note on 2/11/14 indicated he has 2/10 pain and is not taking oral analgesics. His exam was notable for antalgic gait and facet tenderness at L4-L5. His straight leg raise test, Sacroiliac, Yeoman's and Fabre's test were positive along with reduced range of motion of flexion and extension of the lumbar spine. He was given Motrin for pain symptoms and topical Lidoderm patches for 12 hours/day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% 12 H on / 12 H off #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for

orphan status by the FDA for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. It is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the claimant does not have diabetic or post-herpetic neuralgia. In addition, there is no documentation of failure of 1st line therapy. The Lidoderm patches are therefore not medically necessary.