

Case Number:	CM14-0047076		
Date Assigned:	07/02/2014	Date of Injury:	06/09/2000
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/14/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old male who reported an injury on 06/09/2000. The mechanism of injury was due to pushing and pulling a recycle bin with a sudden onset of back pain. The injured worker's prior treatments included a trigger point injections and thoracic epidural steroid injections on 11/13/2000, 03/12/2001, 01/07/2002, 03/25/2002, 12/16/2002, 12/15/2004 and 10/09/2006. The injured worker's diagnostics were an MRI of the lumbar spine on 12/23/2009 and an MRI of the brain dated 05/12/2013. No documented surgical history was submitted for review. The injured worker complained of midback pain and lower backache. The injured worker rated his pain with medications at a 4/10 on a scale of 1 to 10 with medications. Without medications, it was an 8/10 on a scale of 1 to 10. On examination dated 06/04/2014, there was tenderness to the thoracic spine of the paravertebral muscles as well as spasms on the right side and a tight muscle band was noted on both sides. Lumbar facet loading was positive on the right; straight leg raise test was negative. The injured worker's medications were Wellbutrin SR 150 mg and Lidocaine 5% patch. The provider's treatment plan is for Lidoderm patch 5% #30 for the lumbar spine. The rationale for the request was not provided for review. The Request for Authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lidoderm Patch 5% #30 Refill x 1 for lumbar spine as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological basis of therapeutics, 12th ed. McGraw Hill 2006. Physician's Desk Reference, 68th ed - www.RxList.com, ODG workers compensation drug formulary, www.odg-twc.com/adgtwc/formulary.htm drugs.com, epocrates online, www.online.epocrates.com, monthly prescribing reference www.empr.com, opioid dose calculator AMDD agency medical directors group dose calculator www.agency.meddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC; LIDODERM Page(s): 111; 56.

Decision rationale: The request for 1 Lidoderm patch 5%, #30 with refill times 1 for the lumbar spine as an outpatient is not medically necessary. According to the California MTUS, topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. It can be used off-label for diabetic neuropathy after there has been a trial of first line therapy to include anti-depressants or anti-convulsant. The injured worker complained of midback pain, lower backache and rated his pain with the medication as a 4/10; without medication it was an 8/10. The documentation did not support the injured worker had failed first line therapy to include anti-depressant or anti-convulsant. The frequency of the medication was not provided in the request as submitted and the efficacy of the medication was not provided to support continuation. As such, the request for 1 Lidoderm patch 5%, #30 with refill times 1 for the lumbar spine as an outpatient is not medically necessary.