

Case Number:	CM14-0055943		
Date Assigned:	07/09/2014	Date of Injury:	10/05/2010
Decision Date:	08/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

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 Neuromusculoskeletal, and is licensed to practice in Arizona. 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:

This is a 58-year-old female who sustained a work related injury on 10/05/2010 when she fell and injured her back and hip while trying to catch a piece of laminate that had flipped. Since then, she has had not only lower back, but also neck pain with posterior headaches and concomitant bilateral upper extremity radiation and lower back pain with bilateral lower extremity radiation. Her pain is 3/10 with the use of medications, but 7-8/10 without. Physical examination demonstrates tenderness along the bilateral trapezius muscles and occipital region that, upon palpation along the greater occipital nerve reproducing the radiating pain to the top of her head. Lumbar tenderness upon palpation is noted with significant pain production upon lumbar flexion and extension. There is motor strength deficit noted along the L4-S1 dermatome bilaterally. Lumbar MRI dated Dec 15, 2010 is significant for mild facet joint hypertrophy and a 2mm disc bulge at the L5-S1 level with minimal disc bulge at the left posterolateral disc space and mild degenerative face hypertrophy at L4-5. The patient's management has included pain medications (Norco 10/325 and Norflex), Terocin cream, Amitriptyline 100mg, physical therapy, acupuncture, a Translaminar cervical epidural steroid injection on 10/03/2013, lumbar epidural steroid injections (X 2) a medial branch block at the L4-5 bilateral facet joints with 80% pain reduction and a radio frequency ablation on 2/12/2014. In dispute is a decision for Lidocaine 5% ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE 5% OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 56-57.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lidoderm® (lidocaine patch).

Decision rationale: Lidoderm (Terocin) transdermal patches for pain: there are no CA MTUS guidelines regarding the use of 5% Lidocaine ointment; however, Lidoderm transdermal patches have been previously reviewed with the following recommendation: Lidoderm, topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treatment of patients with post-herpetic neuralgia, a diagnosis not documented for this patient. I do find evidence within the medical documentation of the use of Amitriptyline, a tri-cyclic anti-depressant. As the guidelines have not been satisfied for authorizing this treatment, I find that it is not warranted and not medically necessary.