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| Case Number: | CM14-0058875 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 09/04/2012 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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 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 is a 35-year-old female who reported an injury on 09/04/2012. The mechanism of injury was due to a fall. The injured worker has diagnoses of lumbar facet arthropathy, lumbar spondylosis, and lumbar strain/sprain. The past treatment consists of chiropractic care, acupuncture therapy, physical therapy, and medication therapy. The patient's medications consist of Norco, ibuprofen, Cymbalta, and Lidocaine patches 5%. On 03/31/2014, the injured worker complained of low back pain. A physical examination of the lumbosacral spine revealed that there was tenderness to palpation bilaterally over the lumbar para spinals. Facet stress test was positive on the left side. The injured worker had a forward flexion of 45 degrees and an extension of 10 degrees. There was flexion of 25 degrees and rotation of 45 degrees bilaterally. A straight leg raise tests from the supine position was negative at 90 degrees bilaterally. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Motor strength revealed knee flexors, knee extensors, ankle dorsiflexors, ankle plantar flexors, and extensor hallucis 5/5 bilaterally. Babinski sign, Hoffman's sign and clonus were negative. The injured worker rated her pain at 7/10. The injured worker had an MRI of the lumbar spine. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57-58,112.

Decision rationale: The request for Lidocaine 5% is not medically necessary. The California Medical Treatment Utilization Schedule and California MTUS Guidelines state Lidoderm is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. They are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Neither commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. According to the California MTUS Guidelines Lidocaine is recommended to patients with a diagnosis of radiculopathy. The submitted report did not show any evidence that the injured worker suffered from peripheral pain or had a diagnosis of radiculopathy. Furthermore, there was no quantified evidence showing that the injured worker had trialed and failed any first-line therapy tricyclic or NSRI antidepressants or NSAIDs (such as Gabapentin or Lyrica.) As such, the request for Lidoderm patch 5% is not medically necessary.