

Case Number:	CM14-0062023		
Date Assigned:	07/28/2014	Date of Injury:	02/19/2001
Decision Date:	09/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 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 69-year-old female with a reported date of injury on 02/19/2001. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar radiculopathy, lumbar degenerative disc disease, and lumbar facet syndrome. Her previous treatments were noted to include radiofrequency ablation, epidural steroid injection, lumbar facet joint injection, and medications. The progress note dated 04/03/2014 reported complaints of low back pain that radiated from the low back down the left leg. The injured worker indicated she had no side effects and her pain level had remained unchanged since her last visit. The physical examination of the lumbar spine revealed restricted range of motion secondary to pain. Upon palpation, the paravertebral muscles had noted tenderness on the left side. There was positive lumbar facet loading and straight leg raise. The motor strength examination revealed the ankle dorsiflexors were 4/5, and there was no hypertonia. The Request for Authorization form dated 04/10/2014 was for Lidoderm 5% patch (1 daily for topical pain).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) x 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 78.

Decision rationale: The request for Lidoderm (Lidocaine Patch 5%) times 30 are not medically necessary. The injured worker has been utilizing this medication since 04/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indication for topical Lidocaine is neuropathic 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). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.