MAXIMUS Federal Services

Case Number:	CM14-0067132		
Date Assigned:	07/11/2014	Date of Injury:	06/03/2008
Decision Date:	09/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48 year old male who had a work related injury on 06/03/08. The mechanism of injury is not documented. The most recent medical record submitted for review is dated 10/29/13. The injured worker was in for back pain. He states the severity level of the pain is moderate to severe. The problem is getting worse. It occurs persistently. Location of pain was lower back, gluteal area, legs, and thighs. The pain has radiated to the left ankle, right ankle, left calf, right calf, left foot, and right foot, left thigh, and right thigh. The pain is described as an ache, burning, deep, dull, piercing, sharp, shooting, stabbing, throbbing pain. Aggravating factors are ascending stairs, bending, changing positions, coughing, daily activities, sitting, standing, twisting, and walking. Injured worker reported pain relieved by pain medication and drugs. Physical examination lumbar spine, gait is normal. He has a flat back. Left lower extremity muscle tone is normal. Paraspinous muscle tone is normal. Moderate spasm in the lumbar spine. Tenderness over the PSIS, SI joint, paraspinous, and paraspinal musculature. Active painful range of motion with limited factors of pain. Bilateral lower extremity strength is normal except for right extensor great toe. Diagnoses included chronic pain due to trauma, failed back surgery syndrome lumbar, and spondylosis lumbar without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% Day Supply: 30 QTY: 60 Refills: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Argoff, 2006; Lin, 2004; Bjordal, 2007; Mason, 2004; Biswal, 2006; Diaz, 2006; Hindsen, 2006; Gurol, 2006; Krummel, 2000; Dworkin, 2007; Khaliq-Cochrane, 2007; Knotkova, 2007; Scudds, 1995.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.