

Case Number:	CM14-0079906		
Date Assigned:	07/18/2014	Date of Injury:	01/20/1995
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 41 year old female who was injured at work on 01/20/1995. She complained of continued low back pain despite epidural steroid injection. The pain is sharp, stabbing, burning, radiates into both legs. The pain is associated with numbness and swelling. The physical examination revealed palpable tenderness and spasms in the lumbar spine, but no sensory loss. There was positive sitting nerve root test. The injured worker has been diagnosed of Lumbar radiculopathy; Lumbar Disc Displacement, Low Back pain. Past treatment included surgery, steroids, opioids, muscle relaxants, physical therapy. At dispute is the request for Topical Lidocaine Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidocaine Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch; Topical Analgesics Page(s): 56-57; 111-113.

Decision rationale: The topical anesthetics are considered as experimental drugs regarded as second line drugs in the treatment of neuropathic pain that is not responding to antidepressants

and anticonvulsants. The document reviewed did not reveal failed treatment with any of the first line agents; therefore the use of this drug is not medically necessary. The MTUS states as follows, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin... This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia"