

Case Number:	CM14-0082431		
Date Assigned:	07/18/2014	Date of Injury:	02/07/2008
Decision Date:	09/09/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old male who reported an injury on 02/07/2008 due to a fall. The injured worker's diagnosis is chronic neck and low back pain and failed back syndrome, lumbar. Prior treatments included medication management, biofeedback, physical therapy, chiropractic, and acupuncture. The injured worker complained of neck and back pain. On physical examination dated 04/29/2014, lumbar spine inspection revealed a scar and the injured worker's gait appears to be antalgic. The past surgical history included lumbar spine surgery. The injured worker's medications are Flexeril 10 mg, Flexeril 5 mg, and Lidoderm patch 5%, Suboxone 8 mg. The provider's treatment plan is for refill of medications, therapy, and follow-up in 1 month. The rationale for the request was not submitted with documentation. The Request for Authorization form was submitted with documentation for review but lacks a request date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) adhesive patch 3 Transdermal Patch Q12h for 30 Days #90:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Lidoderm Page(s): 111, 56-57.

Decision rationale: The request for lidocaine 5% (700 mg/patch), adhesive patch 3 transdermal patch every 12 hours for 30 days #90 is non-certified. According to the California MTUS, topical analgesics are largely experimental and there are few trials to determine efficacy or safety of a topical analgesic. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantage that includes lack of systemic side effects absence of drug interaction and no need to titrate. Guidelines also indicate that lidocaine is indicated for neuropathic and is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, such as antidepressants and/or antiepileptic drugs, such as gabapentin or Lyrica. Topical lidocaine, in a formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. According to clinical documentation submitted for review, the injured worker's current complaint is neck and back pain. Pain was rated at a 6/10 on the pain scale. There is lack of documentation as to a failed antidepressant trial or antiepilepsy drug trial. There is lack of documentation within the medical records indicating efficacy of the medication as evident by significant functional improvement. In addition, the request does not include the body location to which for the application of the patch. Given the above, the request for Lidoderm 5% (700mg/patch) adhesive patch 3 Transdermal Patch Q12h for 30 Days #90 is not medically necessary.