MAXIMUS Federal Services

Case Number:	CM14-0084798		
Date Assigned:	07/21/2014	Date of Injury:	09/30/2013
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 32-year-old female with a reported date of injury on 09/30/2013. The mechanism of injury was not submitted within the medical records. Their diagnoses were noted to include lumbar spine degenerative joint disease and degenerative disc disease, thoracic spine sprain/strain, and lumbar spine radiculitis. Previous treatments were noted to include chiropractic treatment, physical therapy, epidural steroid injection, back brace, and medications. The progress note dated 04/15/2014 revealed the injured worker complained of lumbar spine and leg pain bilaterally. Medication regimen included Gabapentin capsule 100 mg by mouth 3 times a day, ibuprofen 600 mg as needed for pain, Soma tablets 350 mg by mouth, and Vicodin tablet 5/500 mg. The physical examination revealed paraspinal spasm and trigger points noted to the right sciatic, left sciatic, iliac crest, lumbar spine, and right-sided lumbar paraspinals to L4-5. The range of motion was noted to be 25% reduced and the sensory examination was normal, as well as the motor and deep tendon reflexes. The request for authorization form dated 05/05/2014 was for Lidoderm patch 5% #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30 (r3 efills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: 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 recommend lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines do not recommend lidocaine for nonneuropathic pain and there is only 1 trial that tested 4% lidocaine for the treatment of chronic muscle pain and the results showed there was no superiority over placebo. In this case, there is a lack of documentation regarding neuropathic pain to warrant a Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Lidoderm Patch 5% #30 (refill x 3) is not medically necessary and appropriate.