MAXIMUS Federal Services

Case Number:	CM14-0094173		
Date Assigned:	07/25/2014	Date of Injury:	08/09/2007
Decision Date:	09/16/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 38-year-old female with a reported date of injury on 08/09/2007. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include intervertebral disc displacement to the lumbar region, degeneration of the lumbar intervertebral disc, and post laminectomy syndrome to the lumbar region. Her previous treatments were noted to include epidural steroid injection, acupuncture, surgery, and medications. The progress note dated 04/10/2014 revealed the injured worker complained of low back and right lower extremity pain. The injured worker reported radiating pain down the right lower extremity all the way to the toes. The physical examination revealed decreased range of motion restricted with increased pain and muscle guarding. The injured worker had decreased sensation and temperature in the right leg along the L4-5, S1 dermatomes. The deep tendon reflexes on the right side were diminished 1+ to the right knee, 2+ to the left knee, 1+ to bilateral ankle, and motor strength was rated 5/5 bilaterally. The Request for Authorization form dated 04/10/2014 was for Lidoderm patches 5% take as directed daily for 30 days #30 refills x5; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: 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 request for Lidoderm patches 5% #30 is non-certified. The injured worker complains of low back pain that radiates to her lower extremities. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. 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 indications 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. The injured worker complains of radiating pain; however, the request failed to provide the frequency at to which this medication is to be utilized. Therefore, the request is non-certified.