

Case Number:	CM14-0115884		
Date Assigned:	08/04/2014	Date of Injury:	10/01/1998
Decision Date:	04/16/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Virginia

Certification(s)/Specialty: Neurology

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 65-year-old female, who sustained a work related injury on 10/1/98. The diagnoses have included lumbar disc injury, lumbar degenerative intervertebral disc, lumbar postlaminectomy syndrome and lumbar low back pain syndrome. Treatments to date have included medications, lumbar surgery and exercise. In the PR-2 dated 2/27/14, the injured worker complains of low back pain that radiates down both legs. She states she is only using the Lidoderm patches for pain relief. A therapeutic anti-inflammatory injection into the right side of lower back was administered at this visit. The plan of treatment is the injection that was performed in office and continue present medication program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% Qty#30 1 Patch 12 hrs on 12 hrs off daily as needed up to a year:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Topical Analgesics Page(s): 111-112.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends topical analgesics as an option for the treatment of pain. However, they are primarily recommended for neuropathic pain when trials of oral antidepressants or anticonvulsants have failed. Their use is largely experimental in use with few randomized controlled trials to determine their efficacy or safety. There is little to no evidence to support the use of many of these topical agents. Lidoderm patches are not considered first line therapy for neuropathic pain but is designated an orphan status by the FDA for the treatment of neuropathic pain. In the case of the injured worker, his pain is described as chronic. There is no documentation in the medical record to reflect a clinical trial with a first line therapeutic treatment with either antidepressants or anticonvulsants. There is no documentation of a clinical response to the treatments used thus far or a treatment plan for this patient. Therefore, according to the guidelines and a review of the evidence, a request for Lidoderm patches, 5%, Qty#30, 1 patch 12 hrs on and 12 hours off daily as needed for up to a year is not medically necessary.