

Case Number:	CM14-0132978		
Date Assigned:	08/22/2014	Date of Injury:	05/24/2013
Decision Date:	10/05/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old male patient, who sustained an industrial injury on 6-24-2013, due to heavy lifting. The diagnoses include lumbar disc injury with annular fissures causing severe axial and mechanical low back pain, lumbar disc protrusion with electromyogram evidence of L5 radiculopathy on the left side, and significant myofasciitis. Per the doctor's note dated 7-02-2014, he had complains of increased pain. Pain was rated 9 out of 10 but decreased to 3-4 when he took his medications. Medications allowed him to perform activities of daily living. He reported no side effects. The physical examination revealed tenderness, spasms and decreased range of motion of the lumbar spine. The medications list includes Norco, Lidoderm patch, Voltaren gel, and viscous Lidocaine. A progress report dated 1-22-2014 noted sample medications (Lidoderm and Voltaren gel) helped control his pain flares. He reported that his pain continued but was more tolerable with the addition of those two medications. Other medication included Ultram. On 2-14-2014, his Ultram was changed to Norco and viscous Lidocaine was added. He has had diagnostic studies including lumbar spine MRI and EMG/NCS. Treatment to date has included diagnostics, physical therapy, chiropractic, epidural steroid injection on 2-21-2014, trigger point injections x10 on 6-04-2014, and medications. The treatment plan included continued medications. His work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%, one patch daily, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56 - 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113, Lidoderm (lidocaine patch) page 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended 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. According to the MTUS Chronic Pain Guidelines "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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsants and antidepressant (with dose, duration and frequency) is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm 5%, one patch daily, thirty count is not medically necessary for this patient.