

Case Number:	CM14-0196086		
Date Assigned:	12/04/2014	Date of Injury:	07/25/2013
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This is a 38 year old male who suffered a work related injury on 07/26/2013 while working as a cook, while lifting a 30 pound box. He has diagnoses of thoracic-lumbar neuritis or radiculitis, lumbosacral degenerative disc disease and lumbar sprain. A Magnetic Resonance Imaging dated 12/30/2013 documents disk protrusions at Lumbar 4-5, a circumferential disc bulge with annular fissure with ligamentum flavum thickening and bilateral facet arthropathy causing moderate spinal canal stenosis, and Lumbar 5-Sacral 1 circumferential disc bulge with annular fissure with ligamentum flavum thickening and bilateral facet arthropathy causing severe neural foraminal stenosis. Treatment has included oral and topical medications, home exercise program. A physician progress note dated 10/14/2014 documents the injured worker complains of pain in his low back radiating down the right leg with burning, stabbing and paresthesia. There is bilateral tenderness and spasms of the Lumbar 3-Lumbar 5 paraspinal muscles. There is decreased range of motions to the lumbar spine, and he has a positive right Lesaeague maneuver. The injured worker is able to continue to work with the use of medications. Treatment request is for Lidocaine patch with Lidocaine 4%, #30. Utilization Review dated 10/28/2014 non-certified the request for Lidocaine patch with Lidocaine 4%, #30 citing the California MTUS regarding topical analgesics. California MTUS states that topical analgesics are "Largely experimental in use with few randomized controlled trials to determine the efficacy or safety. There is little to no research to support the use of many of these agents."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch w/lidocaine 4% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidocaine patch w/lidocaine 4% #30 is not medically necessary.