

Case Number:	CM14-0205470		
Date Assigned:	12/17/2014	Date of Injury:	08/21/2010
Decision Date:	02/12/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 47-year-old gentleman with a date of injury of 08/22/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/03/2014, 10/09/2014, and 11/06/2014 indicated the worker was experiencing right foot and lower back pain. Documented examinations consistently described no recorded abnormal findings. The submitted and reviewed documentation concluded the worker was suffering from a prior closed vertebral fracture without spinal cord injury, unspecified mid- or lower back neuritis or radiculitis, unspecified myalgia or myositis, osteoarthritis, unspecified sleep disorder, and a depressive disorder. Treatment recommendations included medications with weaning off an opioid, a replacement back brace, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 11/18/2014 recommending non-certification for thirty Lidoderm (topical lidocaine) 5% (700mg) patches with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch 700mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medication Page(s): 65, 56-57, 78, 124. Decision based on Non-MTUS Citation MedlinePlus - <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682162.html>; Traditional pharmacological treatments for spasticity. Part II: General and regional treatments.

Gracies JM, Nance P, Elovic E, McGuire J, Simpson DM. Muscle Nerve Suppl. 1997;6:S92-120. Review; www.lidoderm.com/hcp/efficacy.aspx

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines describe topical lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation concluded the worker was suffering from a prior closed vertebral fracture without spinal cord injury, unspecified mid- or lower back neuritis or radiculitis, unspecified myalgia or myositis, osteoarthritis, unspecified sleep disorder, and a depressive disorder. Treatment recommendations included an attempted wean off of an opioid medication. These records suggest this medication was being used along with a serotonin-norepinephrine reuptake inhibitor, presumably because the serotonin-norepinephrine reuptake inhibitor was insufficient as a single-agent. For this reason and in order to maintain an otherwise stable medication regimen during the attempted opioid wean, the current request for thirty Lidoderm (topical lidocaine) 5% (700mg) patches with two refills is medically necessary.