

Case Number:	CM14-0073389		
Date Assigned:	07/16/2014	Date of Injury:	01/18/2002
Decision Date:	01/02/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 48 year old female employee with date of injury of 1/18/2002. A review of the medical records indicate that the patient is undergoing treatment for sprain of neck, sprain of lumbar region, and sprain of shoulder/arm. Subjective complaints include continual severe pain in lower back radiating bilaterally to lower extremities, worse on the left. Patient also experiences weakness in left lower extremity. A pump located in left upper quadrant of the abdomen causes pain in surrounding soft tissues. The physician reports this could be due to neuropathic pain syndrome. Objective findings include patient using a cane with an antalgic gait. A physical exam of the low back reveals tenderness of the paraspinal muscles in the lumbar region; decreased range of motion with worsening pain in posterior extension. There is a significant amount of tenderness over the greater trochanteric areas bilaterally. Physical exam of the lower extremities reveals decreased sensory in both posterolateral thigh and legs. Deep tendon reflexes decreased in both knees and ankles. Severe left calf cramping observed with 30 of straight leg raise test, and severe pain. Treatment has included use of a cane. Medications have included Topamax, Percocet, OxyContin, Lidoderm patches. The pump in the abdomen releases Dilaudid, Clonidine, and Fentanyl. The utilization review dated 4/23/2014 non-certified the request for Lidocaine patches 5% day supply 30, quantity 30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5% day supply 30, quantity 30 with no refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: The MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The MTUS states regarding lidocaine, "Neuropathic pain 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)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. The ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Lidocaine patches 5% day supply 30, quantity 30 with no refills is not medically necessary.