

Case Number:	CM15-0000452		
Date Assigned:	01/13/2015	Date of Injury:	01/31/1969
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71-year-old male who reported an injury on 01/31/1969. Mechanism of injury was due to being injured in a severe automobile accident by a drunk driver. The injured worker has a diagnosis of failed back surgery syndrome of the lumbar spine, fitting and adjustment of other devices related to nervous system and special senses, and radiculopathy thoracic or lumbosacral spine. Past medical treatments consist of surgeries, epidural steroid injections, spinal cord stimulators, physical therapy, and medication therapy. Medications consist of Advair Discus, Benadryl 25 mg, Diovan, Dulcolax, Dulera, glucosamine, Kadian, Lidoderm 5% patch, Norco 10 mg, OxyContin 30 mg, and Valium 10 mg. On 09/23/2011, the injured worker underwent an MRI of the lumbar spine, and on 10/21/2013 the injured worker underwent an x-ray of the lower right leg. On 12/04/2014, the injured worker was seen for a followup appointment and complained of back pain. The injured worker rated the pain at 6/10. Physical examination revealed right strength was decreased, and left strength was decreased. The right knee strength was decreased, and left knee strength was decreased. Range of motion was decreased due to pain. Reflexes, sensation, and pulses were within normal limits. Medical treatment plan is for the injured worker to continue with medication therapy. Provider feels that Lidoderm patches are needed as they are helpful in reducing pain over the injured worker's lower back. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The request for Lidoderm patch 5% is not medically necessary. California MTUS Guidelines state that Lidoderm is the brand name for 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 to include tricyclic, SNRI, or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The submitted documentation indicated that the injured worker had relief of back pain with the use of the patch. The guidelines do not recommend the use of the patch for chronic neuropathic pain. There was no indication of the injured worker having a diagnosis of postherpetic neuralgia. There was also no other significant factors provided to justify the use outside of current guidelines. Given the above, the request would not be indicated. As such, the request is not medically necessary.