

Case Number:	CM15-0131284		
Date Assigned:	07/17/2015	Date of Injury:	01/04/2010
Decision Date:	09/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 57 year old female, who sustained an industrial injury on 01/04/2010. She reported immediate onset of lower back pain. She was diagnosed with acute lower back pain. According to a progress report dated 06/17/2015, the injured worker was seen for ongoing low back pain. She continued psychotherapy. She continued to work full-time. Lidoderm patch was beneficial. Current medications included Lidoderm patch. Allergies included Augmentin and Morphine. Objective findings included no significant change. Diagnoses included low back pain, bilateral hip pain and trochanteric bursitis bilateral. MRI from 03/12/2010 showed disc desiccation at L4-L5, small posterior protruding disk at L4-L5 and facet arthropathies greater on the right at L4-L5 and L5-S1. A prescription was written for Lidoderm 1% #30 with 3 refills. She was to return for a follow up in 3 months. Work status included no lifting, pushing or pulling greater than 10 pounds, no bending or stooping, no prolonged sitting or standing and no overhead reaching above shoulder height with the left arm. She was not to work in the paint department. According to a previous progress report dated 03/04/2015, the injured worker continued to have persistent low back pain. Pain was rated 5-6 on a scale of 1-10. She had not been using Norco or Advil due to stomach irritations. She tried to increase Motrin in the past but it increased her gastrointestinal symptoms. The provider noted that the Biofreeze gel was not covered. Therefore, Lidoderm patch would be tried. Currently under review is the request for pharmacy purchase Lidoderm patch #30 with 3 refills. Documentation submitted for review included a review of medical records. Record review showed that the injured worker's treatment history has included Vicodin, Motrin, Medrol dose pack, intravenous Solumedrol, Oxycodone-

Acetaminophen, Ibuprofen, Neurontin, Celebrex, Tylenol, Lidoderm patches, Relafen, Naproxen, Omeprazole, Nexium, Norco, Biofreeze gel, Trazodone, Amitriptyline, Voltaren gel and Tizanidine and physical therapy, acupuncture, left shoulder surgery, L4-L5-S1 intra-articular facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase Lidoderm patch number thirty (#30) with three (3) refills: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. 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). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.