

Case Number:	CM15-0132177		
Date Assigned:	07/20/2015	Date of Injury:	09/03/2011
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 09-03-2011. He has reported injury to the neck and back. The diagnoses have included low back pain; chronic pain; radiculopathy S1 (left) status post L4-5 discectomy; lumbar disc disorder; and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, chiropractic therapy, surgical intervention, and home exercise program. Medications have included Cymbalta, Pepcid, Advil, Neurontin, Terocin Patch, and Omeprazole. A progress note from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. The injured worker reported flare up had reduced a bit, but he has ups and downs with pain control; he has to sit more now due to pains with standing; the Terocin is alleviating low back pain and helping with leg pains; he continues to note numbness, tingling, and throbbing of his left leg which is unchanged since stopping Neurontin; this radiates to the bottom of the foot, which feels numb; he has had these symptoms since surgery; he does some stretching, but notes some limitation due to pain; pain is better with rest; he noted improvement of pain tremendously after the spine surgery, but no major improvement over time since the surgery; he rated his pain as a 5 out of 10 today in intensity; he is taking his medication as prescribed; and he states that the medications are working well with no side effects reported. It is noted that acupuncture was not beneficial for the injured worker; as well, he has had no lasting benefit from physical therapy, chiropractic, and spinal surgery. Objective findings included lumbar spine reveals surgical scar on inspection; range of motion of the lumbar spine is restricted with flexion and extension due to pain; on palpation of the

paravertebral muscles, spasm, tenderness, and tight muscle bands, left greater than right, are noted on both the sides; muscle strength tests are limited by pain; and hip flexors are rated 4 out of 5 on the left, and ankle plantar flexors are rated 4 out of 5 on the left. The treatment plan has included the request for Lenza patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 111-112.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: "Lidocaine Indication: 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)" This medication is recommended for localized peripheral pain. The patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.