

Case Number:	CM15-0133128		
Date Assigned:	07/21/2015	Date of Injury:	11/05/2009
Decision Date:	08/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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 62 year old male, who sustained an industrial injury on November 5, 2009. He reported cumulative trauma to his right shoulder, neck, and lower back. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and chronic pain syndrome. Treatments and evaluations to date have included physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of neck, shoulder, and low back pain that radiates to the left lower extremity. The Treating Physician's report dated June 22, 2015, noted the injured worker reported taking his medications for pain on an as needed basis. The injured worker was noted to not be currently working. The injured worker's medications were listed as Celebrex, Lidoderm patches, Neurontin, Omeprazole, Sofosbuvir, Spirolactone, Voltaren gel, and Zanaflex. The injured worker was noted to have an antalgic gait favoring the left, with a forward flexed body posture and shoulder elevated on the right side. The injured worker was noted to have completed 9/9 physical therapy sessions with improvement in symptoms and functionality. The treatment plan was noted to include a third request for a podiatry consult, medications refilled, and continuation of the injured worker's home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (700mg/patch) #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical analgesics Page(s): 56-57, 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants 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 mono-therapy 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 (tricyclic 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 addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, Lidoderm patches have been prescribed since at least August, 2014, with no objective evidence of any functional improvement. In addition, the documentation showed that the injured worker had been taking his medications on an as needed basis, and did not indicate the frequency of the Lidoderm usage. Medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.