

Case Number:	CM15-0135112		
Date Assigned:	07/23/2015	Date of Injury:	09/07/2013
Decision Date:	08/19/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 28 year old female patient who sustained an industrial injury on 09/07/2013. The accident was described as a motor vehicle accident being rear-ended with a seat-belt restraint on. A recent primary treating office visit dated 04/15/2015 reported the patient with subjective complaint of ongoing low back pain and stiffness. There is mention of prior denial for both chiropractic care and a transcutaneous nerve stimulator unit. The following diagnoses were applied: herniated nucleus pulposus at L5-s1, and probable lumbar facet syndrome L4-5 and L5-S1. There is still standing recommendation to participate in chiropractic care. She will remain temporarily totally disabled and return for follow up in 6 weeks. At a follow up visit dated 03/04/2015 the treating diagnoses were unchanged. Radiographic findings showed a magnetic resonance imaging study of the right hip unremarkable. The lumbar spine showed a disc protrusion at L4-5 and another at L5-S1 with moderate bilateral facet arthropathy. She was prescribed Flector patches, recommending chiropractic session and a transcutaneous nerve stimulator unit. A follow up dated 01/21/2015 showed the patient having had delivered the baby and able to undergo radiographic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, Qty 60 with 2 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 Lidoderm Patches Page(s): 56-57, 111-113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including Lidoderm (topical lidocaine). In general, these guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is 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, there is insufficient evidence based on history or physical examination findings that the patient has neuropathic dysfunction as the cause of her symptoms. Further, if the patient's symptoms are neuropathic, there is insufficient evidence that she failed a trial of first-line agents including a tricyclic/a SNRI or an AED. Finally, the prescription with 2 refills for Lidoderm does not allow for an assessment of efficacy; whether use of Lidoderm improves function, pain or results in a diminished use of analgesic medications. For these reasons, Lidoderm Patches are not medically necessary.