

Case Number:	CM15-0138095		
Date Assigned:	07/28/2015	Date of Injury:	08/20/2014
Decision Date:	09/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, 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 45 year old female, who sustained an industrial injury on August 20, 2014. The injury occurred while the injured worker was bending over to get a file and upon getting up experienced low back pain. The diagnoses have included lumbar bulging discs with radiculopathy, lumbago and left piriformis syndrome. Treatment and evaluation to date has included medications, radiological studies, physical therapy, transcutaneous electrical nerve stimulation unit, sacroiliac joint injection, trigger point injection, lumbar epidural steroid injections, home exercise program and a lumbar fusion. The injured worker was noted to be working with restrictions. Current documentation dated June 30, 2015 notes that the injured worker reported low back pain with radiation to the left posterior leg and left groin pain. Associated symptoms include numbness and tingling of the left buttock and leg and weakness of the left leg. Examination of the lumbar spine revealed tenderness to palpation, a full and painful range of motion and negative orthopedic testing. The treating physician's plan of care included an H-Wave device trial and starting the anticonvulsant medication Lyrica and the topical analgesics Lidoderm and Terocin, due to the injured worker having a difficult time with oral medications. The treating physician's plan of care included a request for a Lidocaine pad 5% # 90. The patient had received an unspecified number of PT visits for this injury. The patient had used a TENS unit for this injury. Patient had received ESI, trigger point injection and SI joint injection. The patient's surgical history includes lumbar laminectomy. The medication list includes Lyrica, Neurontin, Tylenol, Terocin patch and Lidoderm patch and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #90: 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 Topical Analgesics, Lidoderm (lidocaine patch) Page(s): 111-113, 56 and 57.

Decision rationale: Request Lidocaine pad 5% #90. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Lidocaine pad 5% #90 is not fully established; therefore, this request is not medically necessary.