MAXIMUS Federal Services

Case Number:	CM15-0138294		
Date Assigned:	07/28/2015	Date of Injury:	08/26/2008
Decision Date:	08/24/2015	UR Denial Date:	07/08/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 8/26/08. He reported pain in his lower back and knees. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbosacral spondylosis without myelopathy, knee degenerative joint disease and lumbar disc disorder. Treatment to date has included a lumbar microdiscectomy on 10/31/14, a lumbar radiofrequency ablation x 2 in 3/2014 with 80% relief, a right lumbar epidural injection on 9/30/14 with 70% relief, physical therapy, Oxycodone, Tylenol #3, Tizanidine and LidoPro gel. As of the PR2 dated 7/1/15, the injured worker reports pain in the lower back and both knees. He rates his pain a 4/10 at best and a 7/10 at worst. Objective findings include a negative straight leg raise test, restricted lumbar range of motion and tenderness in the left lumbar paravertebral muscles. The treating physician requested to start Lidoderm 5% (700mg) #60 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm 5% 700mg two patches once a day quantity 60 with two refills: 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 (1) Lidoderm (Lidocaine patch). P 56-57 (2) Topical Analgesics, p 111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in August 2008 and continues to be treated for low back and bilateral knee pain. When seen, prior radiofrequency ablation and epidural injections had provided pain relief. Physical examination findings included an antalgic gait. There was lumbar paraspinal muscle tenderness with muscle spasms. There was pain with lumbar extension and with facet loading. There was decreased lumbar spine range of motion. Straight leg raising was negative and there was a normal neurological examination. In terms of topical treatments, topical Lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm 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 are other topical treatments that could be considered. Lidoderm was not medically necessary.