

Case Number:	CM15-0139143		
Date Assigned:	07/29/2015	Date of Injury:	03/03/2010
Decision Date:	09/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This is a 43 year old female patient, who sustained an industrial injury on 3/3/2010. The diagnoses include depressive disorder, low back pain secondary to L5 spondylolisthesis. Per the follow up psychiatric consultation report dated 2/23/2015, she was about the same mentally. She had pain secondary to not having medication and renal impairment. She was reported to go on job interviews, and was separated from her husband. She had complaints of anxiety, tension, irritability, quick temper were reduced; depression most of the time with no recent crying episodes; insomnia was reduced. On 4/6/2015, she stated she does not need more Adderall. She had anxiety, depression, tension, irritability, reduced insomnia. Per the supplemental report dated 5/22/2015, on 4/28/2015, she had had an exacerbation of symptoms. The examination revealed positive straight leg raise testing bilaterally and positive supine Lasegue's tests. The medications list includes Seroquel, Ativan, Wellbutrin, hydrochlorothiazide, and Adderall. She has had magnetic resonance imaging of the lumbar spine dated 5/13/2010 and CT scan of the lumbar spine dated 2/10/2011. Treatment to date has included medications, chiropractic care, acupuncture, and physical therapy. The request is for Lidoderm 5% patches. The treatment plan included: epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% with one refill: 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, page 111-113 Lidoderm (lidocaine patch) page 56-57 Page(s): 56-57, 111-113.

Decision rationale: 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. Failure of anticonvulsants (with dose, duration and frequency) is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The request of Lidoderm patch 5% with one refill is not medically necessary or fully established for this patient.