MAXIMUS Federal Services

Case Number:	CM15-0144044		
Date Assigned:	08/05/2015	Date of Injury:	10/19/1993
Decision Date:	09/22/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 October 19, 1993. He reported back pain and bilateral knee pain. The injured worker was diagnosed as having diabetes, status post left foot partial amputation secondary to diabetes and MRSA infection, chronic low back pain, arthropathy of the lumbar facet joint, sacroiliac joint somatic dysfunction, knee pain, spasm of muscle, failed back surgery syndrome, right knee arthritis with history of arthroscopy and myofascial pain. Treatment to date has included diagnostic studies, radiographic imaging, radiofrequency rhizotomy series from 2009 through 2014, transforaminal epidural steroid injection of the lumbar spine in 2012, conservative care, medications and work restrictions. Currently, the injured worker continues to report low back pain and bilateral lower extremity pain. The injured worker reported an industrial injury in 1993, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 16, 2014, revealed continued pain as noted. He rated his pain at 6-9 on a scale of 1-10 with 10 being the worst. He reported previous improvement by 50% with radiofrequency ablation. He noted the effects lasted for six months however, they have worn off and the pain has returned. Lidoderm was continued. Evaluation on February 5, 2015, revealed continued low back pain and bilateral knee pain. He rated his pain at 9 on a 1-10 scale with 10 being the worst without medications and 4 on a 1-10 scale with 10 being the worst while using medications. Lidoderm was continued. Evaluation on July 8, 2015, revealed continued pain as noted. He rated his pain at 9 on a 1-10 scale without medications. Lidoderm patches were recommended. Topical Lidocaine 5% patch, Qty 60, 12 hr on/ 12 hr off was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidocaine 5% patch, Qty 60, 12 hr on/ 12 hr off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20-.26 Page(s): 111-113.

Decision rationale: 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 and AED (gabapentin or lyrica). 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this case, the documentation doesn't support that the patient has an appropriate diagnosis for the use of topical lidocaine or that they have failed treatment with a first line agent. The continued use of topical lidocaine is not medically necessary.