

Case Number:	CM15-0160170		
Date Assigned:	08/26/2015	Date of Injury:	07/05/2012
Decision Date:	10/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male, who sustained an industrial injury on July 5, 2012, incurring upper and lower back injuries. Lumbar Magnetic Resonance Imaging revealed lumbar facet arthrosis with central canal stenosis and nerve root impingement. Cervical Magnetic Resonance Imaging revealed disc protrusions with mild spinal stenosis. Electromyography studies verified lumbar radiculopathy and cervical radiculopathy. He was diagnosed with lumbar strain with lumbar radiculopathy, and cervical disc displacement with cervical radiculopathy. Treatment included pain medications, topical analgesic patches, sleep aides, lumbar and cervical epidural steroid injection which did not provide pain relief and activity restrictions. Currently, the injured worker complained of persistent chronic low back and neck pain. He rated the pain 6 out of 10. He complained of frequent headaches and difficulty sleeping. Motor strength and range of motion were noted to be decreased upon examination. He had neck pain radiating down the left upper extremity down into his hand with numbness and tingling. He had low back pain radiating down into his lower extremity and difficulty walking. The treatment plan that was requested for authorization included a prescription for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700mg/patch) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56.

Decision rationale: Lidoderm Patch 5% (700mg/patch) #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation indicates failure of Gabapentin but does not indicate failure of all first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patch 5% is not medically necessary.