

Case Number:	CM15-0163806		
Date Assigned:	09/01/2015	Date of Injury:	05/13/2009
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/20/2015

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 55 year old female who sustained an industrial injury on 5-13-09 from a slip and fall (per utilization review). She currently complains of constant, sharp, burning pain in the neck and shoulders, lower back, buttocks, groin, left and right leg on 8/5/15. Her pain level was 7 out of 10 going up to 9 out of 10 at its worst. On physical exam of the lumbar spine there was spasm, tenderness to palpation, restricted range of motion with pain, positive straight leg raise on the left, positive Faber, bilateral positive pelvic compression and Stork tests; the cervical spine exam revealed decreased range of motion, tenderness to palpation with multiple trigger points, jump sign was present. Medications were hydrocodone-acetaminophen 10-325mg, OxyContin, Lidoderm 5% patch. The medication list include Norco, Percocet, Baclofen, Soma, Tizanidine, Gabapentin, Ibuprofen, Phenergan, Trazodone, Lidoderm, Prilosec and Cymbalta. Diagnoses include myofascial pain syndrome; lumbosacral spondylosis without myelopathy; sacroiliac joint pain; muscle spasms; cervical degenerative disc disease; cervical spondylosis. Treatments to date include medications; bilateral sacroiliac joint injections (5-21-15) with complete pain relief, improved activity level, decrease of OxyContin (per 7-8-15 note). In the progress note dated 8-5-15 the treating provider's plan of care included request for Lidoderm 5% patch for neuropathic sciatic type pain in bilateral buttocks region. The patient sustained the injury due to a slip and fall incident. The patient's surgical history include cervical fusion in 2010 and lumbar fusion on 8/27/2012. The patient had received an unspecified number of acupuncture and PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56-57, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111- 112, Topical Analgesics Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Request Lidoderm 5% patch #120 with 4 refills. 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. 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 Lidoderm 5% patch #120 with 4 refills is not fully established.