MAXIMUS Federal Services

Case Number:	CM15-0164688		
Date Assigned:	09/02/2015	Date of Injury:	04/13/1999
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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, 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 65 year old female, who sustained an industrial injury on 4-13-1999. Diagnoses include chronic pain syndrome, injury of cauda equina, psychophysiologic disorder and lumbar post laminectomy syndrome. Treatment to date has included surgical intervention (L4-L5 and L5-S1 fusion, 2002 and lumbar laminectomy, 2005) as well as conservative treatment including medications. Current medications include Ambien, baclofen, Bentyl, buprenorphine, Dilauded, DSS, Flector, Flomax, glyburide, Konsyl, Lidoderm 5% patch, lorazepam, metformin, Miralax, Neurontin, Nexium, ondansetron, Pepcid, triamcinolone cream and Zanaflex. Per the Primary Treating Physician's Progress Report dated 7-16-2015, the injured worker reported a tolerance to Suboxone and is tolerating Dilauded and is able to maintain her activities of daily living and home exercise program with this medication. Physical examination revealed negative seated straight leg raise bilaterally, reflexes were unobtainable on either the knee or the ankle. There was no hallucis longus weakness. The plan of care included medication management and authorization was requested for Lidoderm 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm dis 5% patches #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on numerous topical analgesics along with oral opioids and analesics. The request for continued and long-term use of Lidoderm patches with 5 refills as above is not medically necessary.