MAXIMUS Federal Services

Case Number:	CM15-0164736		
Date Assigned:	09/02/2015	Date of Injury:	09/13/2004
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
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 was a 47 year old male, who sustained an industrial injury, May 7, 2010. The injured worker previously received the following treatments transforaminal epidural steroid injection at bilateral L4 and L5 with 75%pain relief for over 6 weeks, Ibuprofen, Tramadol, Prilosec, Lidoderm patches. The injured worker was diagnosed with displacement intervertebral lumbar disc, degenerative disc disease of the lumbar intervertebral disc and low back pain. According to progress note of July 14, 2015, the injured worker's chief complaint was low back pain radiating down the right lower extremity with numbness along the right anterior and lateral thigh with numbness. The injured worker was getting good benefits from Ibuprofen and Lidoderm Patches. The injured worker was working full time and takes the medications to help remain functional. The injured worker was using the patches a nigh, which helped the injured worker to sleep better. The physical exam noted there was pain with lumbar flexion, extension and lateral bending. The sensation was diminished to light touch at the L4 dermatome. The straight leg raises were negative bilaterally. The treatment plan included a prescription for Lidocaine patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30: 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). In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. There was no indication in reduction of use of Ibuprofen and Tramadol while on Lidocaine. The request for continued and long-term use of Lidocaine patches as above is not medically necessary.