

Case Number:	CM15-0167562		
Date Assigned:	09/08/2015	Date of Injury:	06/07/2004
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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 51 year old male, who sustained an industrial-work injury on 6-7-04. He reported initial complaints of back pain. The injured worker was diagnosed as having chronic left low back pain with radiculopathy secondary to disc herniation at L5-S1 and annular tear and chronic mid back pain secondary to myofascial pain syndrome. Treatment to date has included medication and surgery (nerve root blocks, epidural steroid injection). MRI results were reported on 8-28-09 that demonstrated L5-S1 disc desiccation with diffuse disc bulge and central right and left 2 mm paracentral disc protrusion and facet arthropathy with left greater than right foraminal stenosis. Currently, the injured worker complains of persistent low back pain that radiated down to the left leg. Pain was rated 5 out of 10. Per the primary physician's progress report (PR-2) on 8-11-15, exam noted muscle strength of 5 out of 5, decreased sensation in the left lateral posterior thigh and posterior calf and lateral top of the foot, 2+ reflexes to patellar and Achilles bilaterally, palpation over the lumbar paraspinal muscle had moderate tenderness in the lower lumbar area on the left, moderate tenderness to buttock on the left, thoracic spine and paraspinal muscle had tenderness also at T7-9 level, positive straight leg raise, and lumbar range of motion was limited. Current plan of care included pain medication, home exercise, drug testing, and follow up. The requested treatments include Lidoderm 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, Qty 30: Upheld

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

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 is not recommended. In addition, the claimant was on several opioids without indication of reduction in medications. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.