

Case Number:	CM15-0180750		
Date Assigned:	09/22/2015	Date of Injury:	06/01/2015
Decision Date:	10/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male injured worker suffered an industrial injury on 6-1-2015. The diagnoses included lumbar disc herniation and lumbar radiculitis, rule out radiculopathy. On 7-31-2015, the treating provider reported lower back pain that comes and goes and radiated to the right leg and buttock. On exam, there was reduced lumbar range of motion with tenderness. Prior treatments included physical therapy and medication. The diagnostics included lumbar magnetic resonance imaging with large disc herniation. The Utilization Review on 8-20-2015 determined non-certification for Lidocaine Patch 5% #30, 30-day supply, with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% #30, 30 day supply, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The current request is for LIDOCAINE PATCH 5% #30, 30 DAY SUPPLY, WITH 1 REFILL. The RFA is dated 08/14/15. Prior treatments include physical therapy, lumbar support, hot/cold therapy and medications. The patient may return to work with restrictions. MTUS Guidelines, Topical Analgesics section, page 112 has the following under Lidocaine Indication: the FDA for neuropathic pain has designated Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off- label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels are indicated for neuropathic pain... MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "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.) MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per report 07/31/15, the patient presents with low back pain that radiates into the right leg and buttock. On exam, there was reduced lumbar range of motion, positive straight leg raise on the right, and tenderness in the lumbar region. This is an initial request for Lidocaine patches. This patient presents with lower back pain with radicular symptoms, not a localized neuropathic pain amenable to topical Lidocaine. Such patches are only supported for a localized peripheral neuropathic pain, without evidence that this patch is being utilized for such a complaint, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.