

Case Number:	CM15-0181751		
Date Assigned:	09/23/2015	Date of Injury:	10/17/2014
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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 injured worker is a 33 year old male, who sustained an industrial injury on 10-17-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for ankle pain and low back pain. Treatment and diagnostics to date has included 12 physical therapy sessions and medications. Current medications include Cyclobenzaprine, Lidoderm patch, Naprosyn, and Nexium. In a progress note dated 08-19-2015, the injured worker reported "increased" low back pain and bilateral lower extremity cramping and pain for 1-2 months. Objective findings included limited lumbar spine range of motion, tenderness over midline of lumbar spine, positive left sided straight leg raise test, 4 out of 5 motor strength in the right lower extremity. The request for authorization dated 07-15-2015 requested Lidoderm 5% (700mg-patch) adhesive patch-apply 1 patch by transdermal route once daily (may wear up to 12 hours), Quantity: 60 patches, refills: 3. The Utilization Review with a decision date of 08-27-2015 denied the request for Lidoderm 5% patch, 1 patch daily #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60 with 3 refills: 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), Topical Analgesics.

Decision rationale: The current request is for Lidoderm 5% patch #60 with 3 refills. The RFA is dated 08/20/15. Treatment and diagnostics to date has included 12 physical therapy sessions, orthotics, knee brace, cam walker, and medications. The patient remains TTD. MTUS Guidelines, Topical Analgesics section, page 112 has the following under Lidocaine Indication: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. 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 08/19/15, the patient presents with increase in lower back pain and bilateral lower extremity cramping. Objective findings included limited lumbar spine range of motion, tenderness over midline of lumbar spine, positive left sided straight leg raise test, 4 out of 5 motor strength in the right lower extremity. The patient has been prescribed Lidoderm patches since 07/14/15. In regard to the request for lidocaine patches, this medication is not supported for this patient's chief complaint. This patient presents with lower back pain, not a localized neuropathic pain amenable to topical Lidocaine. While topical Lidocaine is considered appropriate for peripheral neuropathic complaints, the provider does not specify where these patches are to be applied. Such patches are only supported for a localized peripheral neuropathic pain, and without evidence that this patch is being utilized for such a complaint, the request cannot be substantiated. Therefore, the request is not medically necessary.