

Case Number:	CM15-0185829		
Date Assigned:	09/28/2015	Date of Injury:	12/16/2005
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, 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:

This is a 46 year old female patient who sustained an industrial injury on 12-16-2005. The diagnoses include persistent low back pain, para-lumbar spasm with post-laminectomy syndrome with mechanical and radicular symptoms. Per the progress report dated 8-3-2015 she had complaints of progressively worsening low back pain with radiation into her left gluteal region and left lower extremity, that was quite debilitating at times. The physical examination revealed decreased sensation in the lumbar 5 - sacral 1 dermatomal distribution on the left; positive left straight leg raise; difficulty sitting still and occasional pacing during the examination; and restricted range-of-motion upon forward flexion, extension, lateral flexion and rotation. The medications list includes Opana, Naprelan and Primlev (oxycodone/acetaminophen). She has had magnetic resonance imaging studies of the lumbar spine done on 4-9-2014. Her treatments were noted to include back surgery (2008 vs 2009) and medication management. The Request for Authorization for Lidocaine Patches was not noted in the medical records provided. The Utilization Review of 9-11-2015 non-certified the request for Lidocaine Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch: 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: Lidocaine Patch, According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 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. There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressant and anticonvulsant is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidocaine Patch is not fully established for this patient, therefore is not medically necessary.