

Case Number:	CM15-0190569		
Date Assigned:	10/02/2015	Date of Injury:	09/17/2014
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 09-17-2014. He has reported subsequent neck and low back pain and was diagnosed with low back pain and cervical disc displacement. Treatment to date has included oral and topical pain medication and aqua therapy. Terocin patches were noted to have been beneficial at relieving pain as was aqua therapy. Oral opioid, non-steroidal anti-inflammatory and tricyclic antidepressant medications were prescribed but there was no documentation of significant pain relief or functional improvement with use. In a progress note dated 05-19-2015, the injured worker reported 10 out of 10 low back pain with decreased range of motion of the lumbar spine due to pain, hypertonicity, spasms, tenderness, tight muscle band and trigger point of the lumbar paravertebral muscles with positive lumbar facet loading and straight leg raising test on both sides. Aquatic therapy was requested, weight control was encouraged and refills of oral pain medications were provided. Aquatic therapy was approved. In a progress note dated 07-31-2015, the injured worker noted that aqua therapy was beneficial and provided temporary relief and that Terocin patches had been beneficial but were denied. Objective findings showed global antalgic, slowed, stooped, unsteady and wide-based gait, tenderness to palpation of the lumbar paravertebral muscles with tight muscle band and trigger point on both sides. Additional aqua therapy and transcutaneous electrical nerve stimulator (TENS) were requested and Lidoderm patch was requested. In a progress note dated 09-10-2015, the injured worker reported moderate to severe back pain that was rated as 9 out of 10 since the last visit. The injured worker reported that all medication had been denied that had helped him with his pain level. Objective

examination findings were identical to findings from the 07-31-2015 office visit. The physician noted that authorization was again being requested for TENS, aqua therapy and medications including Lidoderm patch. Work status was documented as modified. A request for authorization of Lidoderm patch 5% #30 with 1 refill was submitted. As per the 09-21-2015, the request for Lidoderm patch 5% #30 with 1 refill was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30 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), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in September 2014 when he fell while unloading a pallet. He continues to be treated for chronic back pain. When seen, he was having moderate to severe back pain rated at 9/10. Physical examination findings included a body mass index over 43. There was an antalgic and slow gait with stooping which was wide based and unsteady. There was lumbar paravertebral muscle tenderness with tightness and bilateral trigger points were present. Tramadol/acetaminophen, naproxen, amitriptyline, and Lidoderm were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.