

Case Number:	CM15-0192201		
Date Assigned:	10/06/2015	Date of Injury:	05/16/2006
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina

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 41 year old male who sustained an industrial injury on May 15, 2015. A progress note dated January 12, 2015 reported subjective complaint of low back pain continues, not sleeping well and medications offering more mobility along with decreased pain intensity to an "8." Progress notes dated March 09, 2015 reported, "low back pain continues to hurt walking and avoids any bending." Using Norco, Gabapentin, "has had to depend more on Norco to continue working." The plan of care noted: discontinuing Norco. Progress not April 2015 reported the plan of care to continue medications: Gabapentin, Miralax, Tylenol, and Lidoderm. Primary follow up dated May 21, 2015 reported the worker being unable to obtain medications. Primary follow up dated July 09, 2015 reported subjective complaint of "lower back pain is constant," "struggles putting on shoes," "walking and standing are limited." The following diagnoses were applied to this visit: lower back pain, prolapse, protrusion, lumbar disc; lumbar radiculopathy and neuropathy and right knee pain. There is recommended request for: Gabapentin, Tylenol ES, and Lidoderm. Again primary follow up dated August 20, 2015 the following medications were requested: Gabapentin, Tylenol ES, Lidoderm, and Miralax. On August 20, 2015 a request was made for Lidoderm topical patches that was noncertified by Utilization Review on September 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60 with 1 refill (prescribed 08/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). 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. This medication is recommended for localized peripheral pain. The patient does have peripheral pain in the form of radiculopathy however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.