

Case Number:	CM15-0193116		
Date Assigned:	10/07/2015	Date of Injury:	02/09/1991
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 61 year old male, who sustained an industrial injury on 02-09-1991. He has reported subsequent back and bilateral knee pain and was diagnosed with degeneration of intervertebral disc of the lumbar spine at multiple levels with chronic pain, degenerative joint disease of the knees, left greater than right and chronic pain. Treatment to date has included oral and topical pain medication, physical therapy and lumbar epidural steroid injections, which were noted to have failed to significantly relieve the pain. Documentation shows that the injured worker was prescribed Lidocaine patches since at least 02-2014 and progress notes in 2011 indicate that Lidoderm patches had also been tried in the past. In a progress note dated 06-08-2015, the injured worker reported worsening pain in the back and knees that was rated as 8 out of 10. The physician noted that the injured worker was having the same problems he had for several years with no significant change. The injured worker's medications were noted to give him only limited relief of pain. The physician noted that the injured worker was unable to take Cortisone secondary to heart issues and was not a surgical candidate. Objective examination findings revealed pain in the sacroiliac joints, bilateral femoral stretch causing back and leg pain, straight leg raise causing pain, antalgic gait, lumbar muscle spasm, tenderness of the lumbar spine, decreased range of motion of the lumbar spine, pain with range of motion of the knees, decreased bilateral hip strength and decreased bilateral knee strength. A request for authorization of Lidocaine 5% patch #40 with 3 refills was submitted. As per the 09-04-2015 utilization review, the request for Lidocaine 5% patch #40 with 3 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #40 with 3 refills: Upheld

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

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

Decision rationale: Per the 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. The medical records do not support medical necessity for the prescription of topical lidocaine patch in this injured worker. Therefore, the request is not medically necessary.