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| Case Number: | CM15-0196148 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 10/08/2007 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female who sustained a work-related injury on 10-8-07. Medical record documentation on 9-16-15 revealed the injured worker was being treated for pain in shoulder joint, pain in lower leg joint, cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. She reported chronic pain in the neck and low back. She was able to continue working and found her work manageable with Lidoderm patches. She reported that the patches were a good solution to her back pain since she did not have to take oral medications. She continued to use medications sparingly and relied of a muscle relaxant at the end of the day when her back and neck pain were more severe. She also implemented pool exercise and massage to help with her pain. An MRI of the cervical spine on 5/14/13 was documented are revealing multi-level cervical degenerative disc disease with mild-moderate spinal cord stenosis at C3-4, C5 and C6-7 and significant foraminal narrowing bilaterally at C6-7. An MRI of the lumbar spine on 5-21-13 revealed mild multilevel degenerative disc disease of the lumbar spine, dorsal annular fissure at L5-S1 and moderate left L5-S1 facet degenerative disc disease. Objective findings included an antalgic gait. She had normal muscle tone without atrophy in the bilateral upper extremities. Her medication regimen included Nabumetone-Relafen 500 mg, gabapentin 600 mg, glucosamine 500 mg, Orphenadrine-Norflex ER 100 mg, Tramadol-APAP 3705-325 mg, capsaicin 0.075% cream, and Lidoderm 5% patch (since at least 5-15-15). On 10-2-15, the Utilization Review physician determined topical Lidoderm 5% (700 mg) one to two patches 12 hours on and 12 hours off #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm 5% (700mg); one to two patches 12h on and 12h off #60: 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): Topical Analgesics.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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 has been designated for orphan status by the FDA for neuropathic pain. For non-neuropathic pain is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In this case the exam note from 9/16/15 demonstrates that the injured worker is treating chronic low back pain with lidoderm. Lidoderm is not indicated for the treatment of non-neuropathic pain according to the guidelines. Therefore, the request is not medically necessary.