

Case Number:	CM15-0196723		
Date Assigned:	10/12/2015	Date of Injury:	06/03/2012
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 38-year-old female who sustained an industrial injury on 6-3-2012. Diagnoses have included history of congenital scoliosis; status post thoracolumbar fusion at L3; probable sacroiliac pain, and thoracolumbar facet mediated pain. Documented treatment includes "failed physical therapy," sacroiliac injection 7-13-2015 with no relief of pain, home exercise, and medication including Lidoderm 5 percent patch, Thermancare heat wrap, Celebrex, Cyclobenzaprine, and Hydrocodone-acetaminophen. Response to medication is noted that "function and activities of daily living improved optimally on current doses of medications." On 8-28-2015 the injured worker presented with 7 out of 10 pain rating, stating that, without medication, it is 9. She reported no other symptoms or new problems except poor quality of sleep and intermittent cramping and radicular pain in her right leg. Activity level had remained the same and there have been no side effects. Objective exam noted antalgic, slowed, and stooped gait with scoliosis and restricted range of motion. The treating physician's plan of care includes 30 Lidoderm patches. The physician notes that "the patient is stable on current medication regimen and has not changed essential regimen in greater than six months." While this request is not for a narcotic, it is noted that a pain agreement is on file and a recent urine drug screen is present in the medical records. Request for Lidoderm patches was denied on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, apply to affected area daily #30: 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 MTUS Chronic Pain Medical Treatment Guidelines p112 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.