

Case Number:	CM15-0201994		
Date Assigned:	10/16/2015	Date of Injury:	12/04/2013
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

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 27 year old female, who sustained an industrial injury on 12-04-2013. The injured worker is being treated for lumbar disc displacement without myelopathy, degeneration lumbosacral disc, sciatica, low back pain with right lumbar radiculopathy, reactive depression and pain related insomnia. Treatment to date has included a transforaminal lumbar epidural steroid injection (TFLESI) on 8-21-2015, as well as diagnostics, medications, functional restoration program, and activity modification. Per the Primary Treating Physician's Progress Report dated 9-01-2015 the injured worker presented for scheduled postop visit. She recently underwent bilateral TFLESI and has not noticed any improvements in her lower back pain or leg pain since the injection. She reported lower back pain rated as 8 out of 10 without medications and 4-5 out of 10 with medications. The pain radiates to both legs with more subjective numbness and weakness in the right leg. Current medications include Nabumetone, and Tylenol #3. She has occasional flare-ups lasting a few days at a time in which the pain is more severe and minimally responsive to Nabumetone. Objective findings included tenderness to palpation of the lower lumbar paraspinal muscles. She has limitation of flexion and extension with positive straight leg raise bilaterally, right worse than left. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. She is not working and is on disability. She is currently a student. The plan of care included discontinuation of Nabumetone and prescriptions for Lidoderm patches and Tylenol #3. Authorization was requested for Lidoderm patch 5% #30. On 9-18-2015, Utilization Review non-certified the request for Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700mg/patch), #30 with 2 refills (Dispensed 9/1/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm.

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). 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. I respectfully disagree with the UR physician's denial based upon a lack of failure of first-line agents. Per the medical records, the injured worker has tried anticonvulsants, gabapentin and antidepressant nortriptyline with minimal benefit. The injured worker has lower back pain that radiates into both legs, worse on the right than the left. Her low back pain radiates to the right lower extremity, with more numbness and weakness subjectively in the right leg along with the posterior lateral aspect of the thigh and calf, into the sole of the right foot. The request is indicated for the injured worker's localized peripheral pain. The request is medically necessary.