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| Case Number: | CM15-0205967 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 08/25/1999 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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:

This is a 46-year-old male with a date of industrial injury 8-25-1999. The medical records indicated the injured worker (IW) was treated for herniated nucleus pulposus; unspecified thoracic or lumbar neuritis or radiculitis. In the progress notes (8-5-15, 9-2-15), the IW reported shoulder, low back and knee pain rated 7 out of 10. Medications decreased his pain. Medications were Flexeril, Actiq, Nucynta ER and Nucynta, Lidoderm patch (since at least 2014), Neurontin, Prozac and Zofran. On examination (9-2-15 notes), range of motion of the lumbar-thoracic spine was decreased in all planes. The lumbar spine was tender to palpation and trigger points were present bilaterally. A Toradol injection was given for acute pain. Treatments included medications, physical therapy (with benefit), right knee surgery and lumbar epidural steroid injection (no benefit). There was no documentation of failure of tri-cyclic antidepressants or anti-epileptic drugs before beginning Lidoderm; he was currently taking Neurontin. The toxicology report on 7-22-15 was inconsistent with prescribed medications. A Request for Authorization was received for Lidoderm (lidocaine patch 5%), #90. The Utilization Review on 10-7-15 non-certified the request for Lidoderm (lidocaine patch 5%), #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidodermPatch 5%, 1 patch three times daily # 90: 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: 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. The medical records submitted for review indicate that the injured worker has previously used gabapentin, however, there is no evidence of localized neuropathic peripheral pain for which topical lidocaine is indicated. The request is not medically necessary.