

Case Number:	CM15-0207578		
Date Assigned:	10/26/2015	Date of Injury:	07/19/2014
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old male who sustained an industrial injury on 07-19-2014. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain, thoracic or lumbosacral neuritis or radiculitis sleep disturbance and depression. According to the treating physician's progress report on 08-27-2015, the injured worker continues to experience low back pain rated at 8 out of 10 without medications and 5-6 with medications. The injured worker displayed a left sided mid-strike antalgic gait without the use of assistive devices. Range of motion was limited with pain and documented as flexion at 30 degrees, extension at 10 degrees and bilateral lateral rotation at 20 degrees each. Paravertebral muscles were normal and no spinous process tenderness was noted. There was tenderness present over the sacroiliac spine. Sensory examination was decreased to light touch over the medial and lateral calf and anterior, medial and lateral thigh on the left side. Motor strength was limited by pain and decreased bilaterally and more significantly on the left side. An Electrodiagnostic study performed on 07-02-2015 with official report was included in the review. Prior treatments have included diagnostic testing, acupuncture therapy (8 sessions), psychiatric evaluation and treatment, cognitive behavioral therapy (CBT), functional restoration program evaluation (FRP) and approval, physical therapy, home exercise program and medications. Current medications were listed as Norco, Cyclobenzaprine, Tylenol ES, Lexapro, Terocin patches and Omeprazole. Urine drug screenings performed on 03-03-2015, 03-31-2015 and 07-28-2015 were inconsistent with prescribed medications and not discussed within the review. The injured worker remains on temporary total disability (TTD) if not accommodated by

employee for restrictions. The injured worker declined a lumbar epidural steroid injection at this time. Treatment plan consists of continuing with acupuncture therapy, massage therapy, home exercise program and stretching, medication regimen and the current request for Lidocaine patch 5% #30. On 10-05-2015 the Utilization Review determined the request for Lidocaine patch 5% #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #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 records indicate the patient has ongoing low back pain and bilateral lower extremity pain with associated complaints of numbness and tingling in the left leg. The current request for consideration is Lidocaine patch 5% #30. The attending physician offers no additional discussion other than the recommendation for the topical analgesic. The CA MTUS has this to say regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. In this case, the clinical findings are not consistent with radiculopathy. Radiculopathy requires that clinical symptoms be corroborated by physical examination findings and diagnostic imaging or electrodiagnostic testing. In this case there is no imaging testing or electrodiagnostic testing which indicates the presence of radiculopathy or peripheral neuropathy. As such, the available medical records do not support radiculopathy and therefore the request for Lidoderm patches is not medically necessary.