

Case Number:	CM15-0021529		
Date Assigned:	02/11/2015	Date of Injury:	01/29/2010
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old female, who sustained an industrial injury on 1/29/2010. The diagnoses have included lumbar degenerative disc disease, sacroiliac strain, lumbosacral or thoracic neuritis and myofascial pain. Treatment to date has included physical therapy, acupuncture and medication. According to the progress noted dated 1/9/2015, the injured worker complained of chronic low back pain. Medications and Transcutaneous Electrical Nerve Stimulation (TENS) treatment helped with the pain. Medications included Tramadol and Cymbalta. Objective findings revealed tenderness to palpation and mild decreased range of motion. Work status was modified duties. Treatment plan was to refill pain medications and continue with home exercise program and Transcutaneous Electrical Nerve Stimulation (TENS) treatment. Authorization was requested for LidoPro cream. On 1/14/2015, Utilization Review (UR) non-certified a request for LidoPro topical with refills. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical with refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Their use is largely experimental with few randomized controlled trials to determine efficacy or safety. 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 are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The ODG guidelines also state that Lidoderm patches are not a first-line treatment and are FDA approved only for postherpetic neuralgia. The injured worker does not have post herpetic neuralgia. There is no indication of failure of first line treatments such as antidepressants and anticonvulsants. Other than Lidoderm patches, there are no other commercially approved topical formulations of lidocaine indicated for neuropathic pain. The request for LidoPro topical with refills is not consistent with the MTUS guidelines and is not medically necessary.