

Case Number:	CM15-0022362		
Date Assigned:	02/11/2015	Date of Injury:	06/17/2013
Decision Date:	03/31/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/06/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 48 year old female sustained a work related injury on 06/17/2013. According to a progress report dated 09/22/2014, the injured worker presented with low back pain. Treatments have included physical therapy, chiropractic care, TENS unit, epidural steroid injections and medications. According to the provider, the injured worker was taking Gabapentin, but found to be not effective. Impression included low back and right leg pain, lumbar disc protrusion, lumbar radiculitis, muscle pain, paresthesias/neuropathic pain and chronic pain syndrome. The injured worker was not to lift over 10 pounds. She was working three days a week. According to a progress report dated 12/08/2014, the injured worker was given prescriptions for Tramadol, Gabapentin, and Naproxen Sodium. On 01/05/2015, the provider noted that pain was unchanged from last visit. She continued to take Tramadol, Gabapentin and Naproxen as directed and were well tolerated. She was able to stay active and work modified duty with her medications. The provider also noted that the injured worker used Lidoderm patches in the past and it was very helpful with her low back pain. She was taking less oral medications while using it. On 01/17/2015, Utilization Review non-certified Lidoderm 5% patches, #30 with 1 refill. According to the Utilization Review physician, there was lack of clinical evidence to support the presence of neuropathic pain as represented by objective findings corroborated by imaging and electrodiagnostic finding. It also did not appear that a trial of first-line medication for neuropathic pain had been completed. Even though the injured worker had been prescribed Gabapentin, it had not shown up in the urine drug screens over the last several months. The injured worker was supposed to be taking this medication daily. Thus effectiveness cannot properly be assessed and

a trial has not successfully been completed. The injured worker's complaint is chronic in nature. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 56, 112.

Decision rationale: Lidoderm is applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. In the management of chronic pain topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial and failure of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The member had not failed first line treatment as the negative UDS for Gabapentin showed, nor were there details that would have sufficed to support the diagnosis of a neuropathic pain diagnosis. Therefore the UR Non-Cert is supported.