

Case Number:	CM15-0213181		
Date Assigned:	11/03/2015	Date of Injury:	02/28/2015
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 35 year old male who sustained an industrial injury on 2-28-15. He is not working. Medical records indicate that the injured worker was being treated for corrosion of unspecified degree of abdominal wall. He currently (10-12-15) complains of lower back and groin pain. His pain level was 7 out of 10 and on 9-14-15 was 6 out of 10. Physical exam (10-12-15) of the thoracic spine revealed rib tenderness and tenderness noted at 10th and 11th costochondral joints; lumbar spine revealed tenderness to palpation on the left side, positive facet loading on the right side. He has functional limitations with lifting and overhead work per documentation (10-12-15) and he has difficulty working, performing household chores, yard work, socializing, exercising (per 9-14-15 note). Treatments to date include transcutaneous electrical nerve stimulator unit with benefit; acupuncture with relief; ice; heat; massage with benefit; medication: Lidocaine patches. In the 10-12-15 progress note the "patient states that the Lidocaine patches help for only a few minutes and would like to try medication". As of 10-12-15 naproxen and omeprazole were added. The request for authorization dated 10-12-15 was for Lidocaine 5% patch #30. On 10-20-15 Utilization Review non-certified the request for Lidocaine 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in February 2015 when, while working as a Torch Cutter, he sustained an accidental burn across the left flank, abdomen, and lower and mid back. There was an approximate 5% surface area burn with a large area of partial thickness and small area of full thickness injury. As of 04/13/15 the injury had healed. He had a hyperpigmented flat scar. He was still having pain. He was seen for an initial evaluation by the requesting provider in September 2015. He was having low back and groin pain. Pain was rated at 6/10. Physical examination findings included tenderness at the 10th and 11th costochondral joints. There was no limitation in range of motion. There was normal strength. He had decreased light touch sensation over the chest wall and left T10 dermatome. Lidoderm was prescribed. When seen in October 2015 pain was rated at 7/10. He was using a TENS unit two times per day which was helping as were medications, massage, and acupuncture. The Lidoderm was helping for only a few minutes. Physical examination findings now included positive right lumbar facet loading. There was left lumbar tenderness. Naproxen and omeprazole were prescribed. Lidoderm was continued. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. The claimant does not have a complaint of neuropathic pain and there are no physical examination findings of allodynia or hypersensitivity over the burn area. Lidoderm also appears to be ineffective other than for providing only transient pain relief. Continued prescribing is not medically necessary.