

Case Number:	CM15-0213539		
Date Assigned:	11/03/2015	Date of Injury:	09/24/2009
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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 69 year old, male who sustained a work related injury on 9-24-09. A review of the medical records shows he is being treated for low back and knees pain. In the progress notes dated 10-6-15, the injured worker reports moderate, burning and pins and needles pain with numbness. He rates his pain level an 8 out of 10 without medications and a 3 out of 10 with medications. He reports the "pain relief lasts most of the day." He reports headaches. He states the medications are "less effective." He reports medication side effects of nausea and heartburn. On physical exam dated 10-6-15, he has restricted lumbar range of motion. He has spasms and tenderness upon palpation in lumbar paravertebral muscles. He has tenderness noted over L4 and L5 spinous processes. He has restricted bilateral knee range of motion. He has tenderness over both knee joints. Treatments have included medications and lumbar spine surgery. Current medications include Lidopro ointment, Naproxen, Pantoprazole, Terocin patches and Gabapentin. He is working modified duty. The treatment plan includes requests for Lidocaine ointment and Lidocaine patches, for bilateral knee injections, for a left knee brace and for physical therapy. The Request for Authorization dated 10-6-15 has requests for Lidocaine ointment, Naproxen, Pantoprazole and Lidocaine patches. In the Utilization Review dated 10-15-15, the requested treatments of Lidocaine ointment 5% x 1 container and Lidocaine patches 5% #30 are medically not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Lidocaine 5% ointment: Overturned

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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury when, while working as a janitor, he had gradual low back and bilateral knee pain over six years due to repetitive motion. He has a date of injury in September 2009. Treatments have included acupuncture, physical therapy, a trial of TENS, and cortisone injections for the knees. He was seen for an initial evaluation by the requesting provider in July 2015. He had pain rated at 7/10. He was not taking any medications. Naproxen, Pantoprazole, Lidopro, and Terocin patches were prescribed. When seen in October 2015 he was having pain with burning, pins and needles, and numbness. Medications were decreasing pain from 8/10 to 3/10. Physical examination findings included appearing in mild distress. He was moderately obese. He had a slow, antalgic, and wide based gait without use of an assistive device. There was a decreased lumbar lordosis with decreased and painful range of motion. He had paravertebral muscle tenderness with spasms. There was spinous process tenderness. Lumbar facet loading and straight leg raising was positive. There was sacroiliac spine tenderness. There was decreased and painful knee range of motion with joint line tenderness. Lidocaine ointment and Lidoderm were requested. 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. In this case, the claimant has neuropathic pain and there is pain relief with use of prior formulations containing topical lidocaine. He has localized knee pain that appears amenable to topical treatment. He is over age 65 which would be a relative contraindication for use of oral NSAID medication. The requested topical lidocaine is considered medically necessary.

30 Lidocaine 5% patches: 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 when, while working as a janitor, he had gradual low back and bilateral knee pain over six years due to repetitive motion. He has a date of injury in September 2009. Treatments have included acupuncture, physical therapy, a trial of TENS, and cortisone injections for the knees. He was seen for an initial evaluation by the requesting provider in July 2015. He had pain rated at 7/10. He was not taking any medications. Naproxen, Pantoprazole, Lidopro, and Terocin patches were prescribed. When seen in October 2015 he was having pain with burning, pins and needles, and numbness.

Medications were decreasing pain from 8/10 to 3/10. Physical examination findings included appearing in mild distress. He was moderately obese. He had a slow, antalgic, and wide based gait without use of an assistive device. There was a decreased lumbar lordosis with decreased and painful range of motion. He had paravertebral muscle tenderness with spasms. There was spinous process tenderness. Lumbar facet loading and straight leg raising was positive. There was sacroiliac spine tenderness. There was decreased and painful knee range of motion with joint line tenderness. Lidocaine ointment and Lidoderm were requested. 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. Lidoderm is not considered medically necessary.