

Case Number:	CM15-0214986		
Date Assigned:	11/04/2015	Date of Injury:	10/12/2004
Decision Date:	12/15/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, California

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:

The injured worker is a 48 year old male, who sustained an industrial injury on 10-12-2004. The injured worker was being treated for chronic pain syndrome and lumbar postlaminectomy syndrome. The injured worker (6-25-2015) reported ongoing low back pain radiating to the right lower extremity. The injured worker reported his medications allow him to self-make food. The physical exam (6-25-2015) revealed tenderness of the bilateral lumbar 4 paraspinal region, the bilateral iliolumbar region, and right piriformis. The active range of motion of the lumbar spine included extension of 20 degrees, normal flexion, and pain with motion, worse on extension. The treating physician noted no abnormal findings on the neurological exam. The injured worker (8-26-2015 and 10-22-2015) reported ongoing low back pain radiating to the right lower extremity. The injured worker reported his medications allow him to self-make food, walk 3 more blocks (half without), and housework without assistance. The medical records show the subjective pain ratings of 10 out of 10 without medications and 3 out of 10 on 6-25-2015 and 8 out of 10 without medications and 4 out of 10 on 8-26-2015, and 10-22-2015. The physical exam (10-22-2015) revealed tenderness of the bilateral lumbar 4 paraspinal region, the bilateral iliolumbar region, and right piriformis. The active range of motion of the lumbar spine included extension of 20 degrees, normal flexion, and pain with motion, worse on extension. Treatment has included oral pain, topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. Per the treating physician (10-22-2015 report), the injured worker has not returned to work. Per the treating nurse practitioner (10-22-2015 report), the injured worker had responded well with the use of Lidoderm patches for neuropathic symptoms in the past. The requested treatments included Lidocaine 5% (700 mg/patch). On 10-27-2015, the original utilization review non-certified a request for Lidocaine 5% (700 mg/patch).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% (700 mg/patch), apply 1 patch daily, may wear up to 12h Quantity 30 Refills 5: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine patches are not recommended. The claimant remained on oral analgesics as well. The request for continued and long-term use of Lidocaine patches with 5 refills as above is not medically necessary.