

Case Number:	CM15-0218449		
Date Assigned:	11/10/2015	Date of Injury:	03/31/1998
Decision Date:	12/29/2015	UR Denial Date:	10/25/2015
Priority:	Standard	Application Received:	11/06/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 an industrial injury on 3-31-98. Medical records indicate that the injured worker is undergoing treatment for lumbar spine pain and lumbar degenerative disc disease. The injured worker is currently retired. The injured workers disability status was noted to be permanent partial disability. On (9-22-15) the injured worker complained of lumbar spine pain with radiation to the mid back. The pain was rated 8 out of 10 on the visual analog scale. The injured worker admitted to having pain walking on flat surfaces, going up and down stairs and lying in bed. Examination of the lumbar spine revealed 70% flexion, 30% extension and 60% lateral movement. Motor examination was normal and the injured worker was grossly neurologically intact. Subsequent progress reports (7-28-15 and 6-2-15) noted the injured workers pain levels to be 7-8 out of 10 on the visual analog scale. Treatment and evaluation to date has included medications, back support and a transcutaneous electrical nerve stimulation unit. Current medications include Naproxen, Norco, Soma, Voltaren gel and Lidoderm patches. The medical records are unclear as to how long the injured worker had been prescribed the Lidoderm patches. The Request for Authorization dated 10-19-15 is for Lidoderm 5% patches #90 with one refill. The Utilization Review documentation dated 10-25-15 non-certified the request for Lidoderm 5% patches #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% quantity 90 with one refill: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). 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 (whether creams, lotions or gels) are indicated for neuropathic pain. With regard to medication history, the injured worker has been using this medication since 2011. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request is not medically necessary.