

Case Number:	CM15-0219036		
Date Assigned:	11/12/2015	Date of Injury:	03/14/2003
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/09/2015

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 55 year old male who sustained an industrial injury on 3-14-08. A review of the medical records indicates he is undergoing treatment for sprain of ligaments of the thoracic spine, sprain of ligaments of the lumbar spine, gastroesophageal reflux disease, irritable bowel syndrome, history of rectal bleeding, and constipation. Medical records (10-8-15) indicate complaints of left posterior leg pain, left posterior knee pain, left ankle and calf pain, and mid and lower thoracic pain. He rates his pain "7 out of 10". He reports numbness and tingling of the left posterior knee, calf, ankle, and leg "approximately 10% of the time". He also reports insomnia. The physical exam reveals palpable hypertonicity of the serratus posterior inferior muscle and lower thoracic vertebrae. Lumbar range of motion is noted to be diminished. The straight leg raise is positive at 45 degrees. Sensation in the lower extremities is noted to be "intact". No diagnostic studies are noted in the medical record. Treatment has included medications. The treating provider states that his condition is "not permanent and stationary at this time". His medications include Ambien and Lidoderm patches. Treatment recommendations include physiotherapy 3x2 for the thoracic and lumbar spine and compound topical creams. The utilization review (10-13-15) includes a request for authorization of Lidoderm 5% patches #45. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Dis 5% patches #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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. 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.