MAXIMUS Federal Services

Case Number:	CM15-0219737		
Date Assigned:	11/12/2015	Date of Injury:	07/31/2010
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
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: 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 37 year old male, who sustained an industrial injury on 7-31-2010. Medical records indicate the worker is undergoing treatment for degenerative disc disease, lumbar stenosis, low back pain and sciatica. A recent progress report dated 10-15-2015, reported the injured worker complained of aching and muscle spasm on the right lumbar spine radiating to the thigh rated 7 out of 10. Physical examination revealed lumbar 2-3 to lumbar 5-sacral 1 tenderness to palpation over the paraspinal muscles with limited lumbar active range of motion. Lumbar magnetic resonance imaging showed multilevel disc bulging. Treatment to date has included physical therapy and medication management. The physician is requesting Lidoderm patch 5% #30 with 1 refill. On 10-30-2015, the Utilization Review noncertified the request for Lidoderm patch 5% #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30, with 1 refill: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in July 2010 when he jumped from a shipping container after changing a light bulb and had low back pain with severe symptoms beginning one week later. He underwent an L5/S1 discectomy in October 2010 which was unsuccessful. When seen, surgery had not been recommended. He had pain rated at 8/10 with low back pain radiating into the left lower extremity. Norco was providing minimal pain relief. Physical examination findings included bilateral lumbar paraspinal muscle tenderness. There was positive facet loading bilaterally. There was left hamstring tightness. There was decreased left lower extremity sensation and an antalgic gait. There was decreased lower extremity strength and right straight leg raising was positive. MRI results were reviewed. A lumbar epidural steroid injection was requested. Continued physical therapy, acupuncture, and a home exercise program were recommended. Lidoderm and Norco were prescribed. 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.