

Case Number:	CM15-0222004		
Date Assigned:	11/17/2015	Date of Injury:	02/07/1994
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/10/2015

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 78 year old male who sustained an industrial injury on February 07, 1994. The worker is being treated for: post laminectomy syndrome, lumbar region with radiculopathy. Subjective: October 21, 2015 he reported complaint of low back pain, bilateral buttock pain and bilateral leg pains. He states having had recent flare up involving primarily left lower back and left leg pain. Medication: April 2015, June 2015, July 2015, August 2015, and September 2015: Norco 7.5 mg and 10mg, Soma, and Biofreeze. October 21, 2015: Norco 7.5mg and 10mg, Soma and initiated Lidoderm patches, Biofreeze. Treatment: medication regimen including oral and topical analgesia, May 2015 administered injection noted with "great improvement" in pain; DME walker, September 2015 administered right TESI. On October 21, 2015 a request was made for Lidoderm 5 % Patches #30 that was noncertified by Utilization review on October 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidoderm 5% patch: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1994 while working as a police officer. He underwent a multilevel lumbar fusion from L3-L5. He continues to be treated for chronic low back pain with radiating symptoms. He had physical therapy and 2013 reported as causing worsening pain. Lumbar facet blocks were done in May 2015 and transforaminal epidural injections were done in September 2015. When seen in October 2015 he had an exacerbation of pain over the previous 2-3 weeks. He was having leg pain which was limiting his ability to ambulate. Physical examination findings included transitioning positions with minimal difficulty. He had limited range of motion due to pain. There was an antalgic gait with use of a rolling walker. His body mass index was over 30. Active medications were Norco, Soma, and Biofreeze gel. Lidoderm was 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 is no evidence of a failure of first-line treatments for the exacerbation of back pain that occurred 2-3 weeks before. The claimant is over age 65 and since an oral NSAID would be relatively contraindicated there are other topical treatments that could be considered. Lidoderm is not medically necessary.