

Case Number:	CM15-0222821		
Date Assigned:	11/18/2015	Date of Injury:	01/26/1999
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/12/2015

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: 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 62 year old male, who sustained an industrial injury on 1-26-99. The injured worker was being treated for lumbar spine strain-sprain, lumbar post laminectomy syndrome, lumbar degenerative disc disease with right radiculopathy and chronic pain syndrome on chronic opiate. On 9-28-15, the injured worker complains of constant low back pain, rated 5-6 out of 10 and 4 out of 10 following medications with duration of pain relief 6-7 hours. Work status is noted to be not working and permanent and stationary. On 9-28-15 physical exam revealed decreased painful range of motion of lumbosacral spine. Urine toxicology screen performed on 9-28-15 was consistent with medications prescribed. Treatment to date has included oral medications including Norco 10-325mg (utilized since at least 10-2013)reduces pain by 50% and allows for increase in activity tolerance) and Methadone 58 mg daily; physical therapy, acupuncture, chiropractic treatment, epidural and cortisone injections, low back surgery and activity modifications. The treatment plan included request for Norco 10-325mg #90, continue weaning of Methadone and request for Lidoderm patches 5% #60. On 10-21-15 request for Lidoderm patches 5% #60was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60: 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): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the requested treatment is not medically necessary.