

Case Number:	CM15-0224574		
Date Assigned:	11/20/2015	Date of Injury:	10/04/2003
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old female, who sustained an industrial injury on 10-4-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, lumbar-lumbosacral disc degeneration, and pain in the ankle-foot joint. On 9-9-2015, the injured worker reported low back pain with radiation into the lower extremities with increased suicidal feelings in the past month which she felt was related to her increased pain level, seeing a psychologist weekly and discussing this with them. The Primary Treating Physician's report dated 9-9-2015, noted the injured worker's current medications included Lidoderm patch, prescribed since at least 5-8-2015, Sentra PM, Theramine, Synovacin, Flector patch, Clarinex, and Sudafed. The physical examination was noted to show decreased sensation in the right L5 and S1 dermatomes with positive straight leg raise, and lumbar spine spasm and guarding. The treatment plan was noted to include a Lidoderm prescription for topical use to help with the injured worker's neuropathic pain. The injured worker's work status was noted to be permanent and stationary with permanent disability. The request for authorization was noted to have requested Lidoderm 5% patch 700 mg/patch apply 3 patches Q12H on Q12H off #90 refills 3. The Utilization Review (UR) dated 10-28-2015, non- certified the request for Lidoderm 5% patch 700 mg/patch apply 3 patches Q12H on Q12H off #90 refills 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700 mg/patch apply 3 patches Q12H on Q12H off #90 refill 3: 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patch, 700 mg/patch, apply three patches every 12 hours on and every 12 hours off, #90 with three refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnosis or lumbar disc displacement without myelopathy; degeneration lumbar lumbosacral disc; and pain and joint ankle foot. Date of injury is October 4, 2003. Request for authorization is October 21, 2015. 22 a progress note dated May 8, 2015, Lidoderm patches were prescribed to the injured worker. According to a September 9, 2015 progress notes, subjective complaints of low back pain radiating to the left lower extremity pain. Objectively, there was an antalgic gait with decreased range of motion flexion lumbar spine. There was spasm in guarding of the lumbar spine. There was decreased sensation at the L5 to S1 dermatome with positive straight leg raising. There is no documentation demonstrating objective functional improvement from the progress notes dated May 8, 2015 through September 9, 2015. There is no clinical indication or rationale for an additional three refills. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. There is no documentation indicating the area to be treated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing Lidoderm patches and no documentation of failed first-line treatment, Lidoderm 5% patch, 700 mg/patch, apply three patches every 12 hours on and every 12 hours off, #90 with three refills is not medically necessary.