

Case Number:	CM15-0036201		
Date Assigned:	03/04/2015	Date of Injury:	04/17/2012
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/26/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 50 year old male who sustained an industrial injury in the form of a motor vehicle accident on 04/17/2012. Current diagnoses include lumbar disk disease and lumbar radiculopathy. Previous treatments included medication management, lumbar epidural injection, physical therapy, and home exercise program. Report dated 01/14/2015 noted that the injured worker presented with complaints that included lower back pain with radicular symptoms. The physical examination revealed tenderness and spasm of the lumbar paraspinal muscles. The medications include anti-inflammatories and a muscle relaxant. Utilization review performed on 01/23/2015 non-certified a prescription for lidocaine patches, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS/ACOEM/Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 12 hours on and 12 hours off for pain quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: Lidocaine is 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. In this instance, the submitted medical record does not show evidence of a trial with an anti-epileptic medication or an anti-depressant for the neuropathic/radicular pain. Unfortunately, only one progress note was submitted, that being from 1-14-2015. The mentioned medication may have been tried previously but the submitted record fails to show that. Therefore, Lidocaine patches 12 hours on and 12 hours off for pain, quantity 30, is not medically necessary.