

Case Number:	CM15-0042235		
Date Assigned:	03/12/2015	Date of Injury:	02/11/1993
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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

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(n) 49 year old male, who sustained an industrial injury on 2/11/93. He reported pain in the mid and lower back related to falling down stairs. The injured worker was diagnosed as having lumbar and thoracic spondylosis and radiculopathy. Treatment to date has included thoracic fusion, intrathecal catheter placement, thoracic MRI and oral pain medications. As of the PR2 dated 2/3/15, the injured worker reports severe pain in the lower back and new onset of lateral left sided flank pain. The treating physician noted pain in the thoracic spine with flexion and extension. He is recommending continuing oral and topical pain medications and refilled the intrathecal pain pump during the visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57. Topical Analgesics Page 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Medical records document a history of thoracic spine fusion surgery performed in October of 2008, failed back surgery syndrome, intrathecal pain pump implanted in October of 2014, lumbar spondylosis, and chronic back pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The request for Lidoderm patch is not supported by MTUS guidelines. Therefore, the request for Lidoderm Lidocaine patch 5% is not medically necessary.