

Case Number:	CM15-0048075		
Date Assigned:	03/20/2015	Date of Injury:	10/30/1999
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/13/2015

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: Preventive Medicine, Occupational 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 65 year old male, who sustained a work related injury on 10/30/99. The diagnoses have included cervical radiculopathy, lumbar spine pain and failed back syndrome. Treatments to date have included back surgery, MRI lumbar spine 12/2014, acupuncture and medications (lidoderm has been an ongoing medication for this patient with documented use since at least Aug 2014). Comorbid conditions include obesity (BMI 33.2) and diabetes. In the PR-2 dated 2/19/15, the injured worker complains of constant burning, aching neck and low back pain. He rates the pain a 5-6 /10 at least and an 8/10 at worst. On exa, he has tenderness to neck and lower back to palpation. The range of motion in the neck and lower back is limited. On 3/3/15, he complained of worsening pain despite use of his medications. The treatment plan included a request to refill his prescription for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm 5% (700mg/patch) adhesive patch, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm Page(s): 56-7, 111-113.

Decision rationale: Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Additionally, use of Lidoderm is recommended only after trial of first-line therapy with medications such as tricyclic antidepressants, SRNI antidepressants or antiepileptic drugs. This patient has neuropathic pain and is presently taking a SRNI medication yet he still has significant pain. He is also taking opioid medications. Despite the Lidoderm, SRNI and the opioid medications he complained of worsening pain at his last provider visit. There is no evidence in the notes available for review that Lidoderm is still helping control this patient's pain level or his ability to function and there are no long term medical studies suggesting that prolonged (over 6 months) use of this medication is effective for lessening pain or improving function. Without medical or anecdotal documentation of continued effectiveness further use of this preparation can't be supported. Medical necessity for continued use of this medication has not been established.