

Case Number:	CM15-0056257		
Date Assigned:	04/01/2015	Date of Injury:	05/12/2010
Decision Date:	05/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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 38 year old female who sustained an industrial injury on May 12, 2010. She has reported low back pain and has been diagnosed with degenerative thoracic/lumbar intervertebral disc and status post revision lumbar decompression and interbody fusion at L5-S1. Treatment has included surgery, stimulator, and medications. Currently the injured worker had tenderness to palpation over the left lower lumbosacral region. The treatment request included lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. 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 patch 5% #30 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 is degenerative thoracic/lumbar intervertebral disc disease. Subjectively, according to a February 24, 2015 progress note, the injured worker's status post anterior and posterior L5 - S1 fusion in August and September 2013. Pain is increased in the lower back and continues to have right shoulder pain and decreased range of motion. The injured worker is not currently taking any oral medications. Objectively, there was tenderness palpation over the low back region. Muscle strength was 5/5 bilaterally in the lower extremities. Sensory examination with decrease in the left L5-S1 pinpricks. There are no neuropathic symptoms or signs noted in the medical record. Additionally, the treating provider did not indicate the location for application of Lidoderm patch 5%. There is no documentation of failure of first-line neuropathic medications (antidepressants and anticonvulsants). Consequently, absent clinical documentation with signs and symptoms of neuropathic pain and an anatomical region for application of Lidoderm patches, Lidoderm patch 5% #30 is not medically necessary.