

Case Number:	CM15-0082459		
Date Assigned:	05/04/2015	Date of Injury:	12/03/1995
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/29/2015

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: 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 62 year old female, who sustained an industrial injury on 12/3/95. She reported initial complaints of low back. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration; spondylolisthesis; injury-site NOC; lumbar post-laminectomy syndrome. Treatment to date has included status post L5-S1 laminectomy (1996); urine drug screening; medications. Diagnostics included MRI lumbar spine (12/31/14). Currently, the PR-2 notes dated 11/3/14 indicated the injured worker complains of left ankle pain, low back pain and left leg pain. The provider notes the pain is chronic and is a work related diffuse low back pain which is stable with treatment. The radiation pain is noted as left L5 distribution described as burning, cramping, stabbing and throbbing. The present level 1 of pain on this date was at a 3010/10 and in constant but variable in intensity. Associated symptoms are left lower extremity weakness, numbness in the left lower extremity, bladder incontinence, stiffness in low back, spasms of the low back; heaviness of the legs are notes and has interference of sleep due to pain feeling depressed and anxious. She can ambulate up to one city block with a straight cane, with difficulty transferring out of a chair, standing balance moderately unsteady and a fall risk moderate. She has had transforaminal epidural steroid injections with no improvement, physical therapy with mild improvement, psychological counselling with mild improvement. She is a status post L5-S1 laminectomy (1996). A MRI lumbar spine was completed and in the case file on 12/31/14; The impression is stable mild degenerative disc disease and spondylolisthesis at L5-S1 with no abnormal enhancement and stable Tarlov cysts are present posterior to S1. She has been schedule as of 2015 PR-2 notes for a L5-S1 Anterior

Lumbar Fusion with instrumentation with posterior percutaneous screw stabilization (proposed date 3/23/15). The provider is requesting Retrospective request (DOS 3/12/2015) for Lidocaine 5% topical patches QTY: 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 3/12/2015) for Lidocaine 5% topical patches QTY: 60.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56-57.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical lidocaine (also known as Lidoderm) as a treatment modality. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is insufficient evidence in the medical records that the patient has received an adequate trial of the above cited first-line treatments for her chronic pain. Further, there is insufficient evidence that the current use of topical lidocaine has resulted in a clinically meaningful improvement in relevant outcomes such as reduction in pain and increased activity. For these reasons, a lidocaine patch is not medically necessary.