

Case Number:	CM15-0085779		
Date Assigned:	05/07/2015	Date of Injury:	04/10/2014
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 34-year-old female, who sustained an industrial injury on April 10, 2014. She reported her left ankle gave out as her left foot hit a desk, with severe pain in the left ankle. The injured worker was noted to have torn the ligaments of the left ankle and foot, with subsequent low back pain. The injured worker was diagnosed as having left lumbosacral radiculitis with neuroclaudication, herniated nucleus pulposus (HNP) at L3-L4, L4-L5, and L5-S1 levels, bilateral lumbar facet syndrome, and failed conservative therapies for pain control for more than 12 weeks, with physical therapy, anti-inflammatory medication, and muscle relaxants. Treatment to date has included epidural injection, MRI, x-rays, physical therapy, and medications. Currently, the injured worker complains of intractable low back pain radiating into the leg. The Secondary Treating Physician's report dated March 3, 2015, noted the injured worker reported intense muscle spasms in the lumbar spine, which worsens, on prolonged sitting, and numbness, weakness, and tingling sensation after walking a few blocks. The injured worker reported her pain level was 8 to 10 on a scale of 0 to 10, unrelieved with current medication. A MRI of the lumbar spine performed on July 14, 2014, was noted to show large herniated discs at L3-L4, L4-L5, and L5-S1 levels with degenerative disc disease and bilateral ligamentum flavum and facet hypertrophy. Physical examination was noted to show tenderness from L3 through L5 bilaterally, with bilateral lumbar facet tenderness at the L3-L4, L4-L5, and L5-S1 levels. Lumbar spine range of motion (ROM) was noted to be limited with straight leg raise positive on the left. Weakness was noted on the left lower extremity on the L4-L5 and L5-S1 myotomes. The treatment recommendations were noted to include left transforaminal lumbar epidural steroid

injection (ESI) under fluoroscopy x1 at L4-L5 and L5-S1 levels, discontinuation of Aspirin for five days, home exercise program (HEP) and physical therapy modalities, and continuation of Tylenol No. 3 with the addition of Zanaflex for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%, quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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). 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and are not medically necessary.

GKFLH (Gabapentin, Flurbiprofen, Lidocaine and Hyaluronic Acid) Pain Cream, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15857456>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and are not medically necessary.