

Case Number:	CM15-0086945		
Date Assigned:	05/11/2015	Date of Injury:	02/09/2007
Decision Date:	06/18/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/06/2015

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 46-year-old male injured worker suffered an industrial injury on 2/09/2007. The diagnoses included chronic pain syndrome, lumbar radiculopathy, numbness, lumbar post-laminectomy syndrome, lumbar degenerative disease, low back pain and insomnia. The diagnostics included lumbar x-rays. The injured worker had been treated with medications and spinal cord stimulator. On 3/17/2015, the treating provider reported low back pain and left leg pain. He reported an increase in pain. The pain was better with the spinal cord stimulator. He rated the pain as 10/10 without medications and 5/10 with medications. There was tenderness over the lumbar muscles, positive straight leg raise and decreased range of motion. The treatment plan included Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, #60 with 3 refills: Upheld

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

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. Lidoderm 5% patches #60 with 3 refills was requested. The patient sustained an industrial injury on 2/9/07. The 3/17/15 progress report documented that the patient presented for evaluation of low back and leg pain. Diagnoses were lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, low back pain, and muscle 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 is not medically necessary.