

Case Number:	CM15-0088536		
Date Assigned:	05/12/2015	Date of Injury:	09/30/2000
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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 injured worker is a 15 year old female, who sustained an industrial/work injury on 9/30/00. She reported initial complaints of low back pain. The injured worker was diagnosed as having scoliosis and kyphoscoliosis, idiopathic, lumbosacral spondylosis without myelopathy, lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medication, surgery (T12-L4 in 1984), epidural injections, and facet blocks. MRI results were reported on 4/28/14. Currently, the injured worker complains of constant severe low back pain along with radiation to buttock and both legs. A cane was used with ambulation. Per the primary physician's progress report (PR-2) on 4/8/15, examination revealed gait slow in cadence, scoliosis, decreased range of motion, no tenderness to the paraspinals, straight leg raise with some right leg pain possibly radicular in nature without any significant lower back pain or buttock pain, mild hamstring tightness bilaterally. The requested treatments include Lidoderm patches 5%.

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.

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. The primary treating physician's progress report dated 4/8/15 documented thoracolumbar scoliosis status post an fusion from T12 to L3 and probable facet spondylosis at the lower lumbar levels and degenerative disc disease associated with periodic lower extremity radiculitis and retained hardware from the prior fusion. 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.