

Case Number:	CM15-0232013		
Date Assigned:	12/07/2015	Date of Injury:	04/01/2013
Decision Date:	01/12/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	11/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old male who sustained an industrial injury on 4-1-13. A review of the medical records indicates he is undergoing treatment for lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy, lumbar degenerative disc disease with severe lateral recess stenosis with moderate central and foraminal stenosis impinging on the descending and exiting nerve roots bilaterally - left greater than right, previous history of laminectomy and fusion in 1998 followed by removal of hardware, medication-induced gastritis, right 4th metatarsal fracture secondary to fall 10-3-14, and bilateral lower extremity radiculopathy with neurogenic claudication. Medical records (6-29-15, 7-27-15, 8-27-15, 9-22-15, 10-9-15, and 11-6-15) indicate ongoing complaints of low back pain that radiates to bilateral lower extremities. The 10-9-15 and 11-6-15 records indicate that the right side is affected more than the left. He rates his pain "8 out of 10" without medications and "6-7 out of 10" with medications. The physical exam (11-6-15) reveals that the injured worker uses a single point cane for walking. The provider indicates that he "moves slowing" and has a "noticeable antalgic gait favoring the right lower extremity". He is noted to have difficulty transitioning from a seated to standing position. Tenderness to palpation with increased muscle rigidity is noted in the lumbar posterior musculature. "Numerous" trigger points are noted and tenderness is noted "throughout the lumbar paraspinal muscles". Decreased range of motion with guarding is noted. Decreased sensation is noted along the posterolateral thigh and posterolateral calf "in about the L5-S1 distribution bilaterally". The straight leg raised in a "modified" sitting position is positive at 60 degrees bilaterally. The testing "caused radicular symptoms to both lower extremities".

Diagnostic studies have included an MRI of the lumbar spine and an EMG-NCV study of bilateral lower extremities. Treatment has included acupuncture, aquatic therapy, a home exercise program, and medications. His medications include Norco, Anaprox, Prilosec, Neurontin, Remeron, and Lidoderm patches (if insurance authorizes). Lidoderm patches indicating, "if insurance authorizes" has been on his medication list since, at least, 2-13-15. The utilization review (11-24-15) includes a request for authorization of Lidoderm patch #30. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm Patch #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation does not indicate failure of all first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The documentation is not clear that prior Lidoderm use has had an objective increase in function. For these reasons, the request for Lidoderm Patch 5% is not medically necessary.