

Case Number:	CM14-0147039		
Date Assigned:	09/15/2014	Date of Injury:	07/13/2001
Decision Date:	10/15/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male with a reported date of injury on 07/13/2001. The mechanism of injury was noted to be due to cumulative trauma. His diagnoses were noted to include lumbar disc injury, lumbar facet arthropathy, lower extremity dyesthesias, and status post laminectomy at L3-4 and L4-5. His previous treatments were noted to include TENS unit, physical therapy, epidural injections, and surgery. The progress note dated 08/22/2014 revealed complaints of pain that were rated 8/10 to 9/10 in severity that caused wobbly knees. The physical examination revealed sensation over the left anterior thigh and the lumbar spine lordosis was decreased. The motor strength was rated 5/5 throughout the bilateral lower extremities except for the left hip flexor at 4+/5 as well as the dorsiflexor at 4+/5. The bilateral straight leg raise was to 90 degrees with pain referring to the left buttock. There was no tenderness but spasticity was noted to palpation over the bilateral paraspinal regions. The range of motion was noted to be diminished. The provider indicated the injured worker's pain was persistent but it was better controlled with the use of the Lidoderm patches. The injured worker complained patches did not last long and had to be replaced frequently due to poor adhesion. The injured worker indicated that when he used the lidocaine patches he was significantly relieved and used less Vicodin. The provider indicated a trial of Lyrica 25 mg 1 to 3 tablets at night would be utilized in an attempt to relieve dyesthesias as the injured worker experienced dyesthesias going down both lower extremities. The Request for Authorization Form was not submitted within the medical records. The request was for topical Lidoderm 5% for pain and topical Lyrica 25 mg for dyesthesias.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111, 112.

Decision rationale: The request for topical Lidoderm 5% is not medically necessary. The injured worker has been utilizing this medication for back pain. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There is lack of documentation regarding efficacy or improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Topical Lyrica 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available).

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

Decision rationale: The request for topical Lyrica 25 mg is not medically necessary. The injured worker complained of back pain and dyesthesias. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state there is no evidence for use of any other antiepilepsy drug as a topical product regarding topical Lyrica. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended and Lyrica is not recommended as a topical application. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

