

Case Number:	CM14-0157038		
Date Assigned:	09/30/2014	Date of Injury:	10/25/2010
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Pain Medicine, and is licensed to practice in California. 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 54-year-old female who sustained an injury on 10/25/10. As per the 9/2/14 report she presented with complaints of lower back and left knee pain. On examination of the lumbar spine there was decreased range of motion, tenderness (hyperalgesia to light palpation in paraspinal regions) and spasm. Left knee exam showed decreased range of motion and tenderness that was global to palpation throughout. MRI of the left knee was normal except for some small joint effusion. No past surgical history was documented. She is currently on Gabapentin, Baclofen, Percocet, Nortriptyline, Robaxin, Effexor, Valium, Gaba/Lido/Keto cream, and Lidoderm 5% patches. Previous treatment included lumbar sympathetic block (LSB) with minimal transient relief (4 days), medications and physical therapy. She has been using Lidoderm 5% patches for management of knee pain and acknowledges the fact that these patches are still providing some therapeutic value with regard to her pain control. She indicates that this patch has helped to bridge periods of time between the uses of the Percocet so as to minimize her tolerance to this medication. Diagnoses include complex regional pain syndrome type 2, left leg. The request for Lidoderm patch 5% #180 x 1 refill was denied on 9/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #180 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: Per CA MTUS guidelines, topical lidocaine may be recommended for localized peripheral neuropathic 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. In this case, there is no diagnosis of post-herpetic neuralgia; any other applications are considered off-label. Furthermore, there is no documentation of trial and failure of first-line therapy. Therefore, the request is not medically necessary.