

Case Number:	CM14-0167590		
Date Assigned:	10/14/2014	Date of Injury:	07/31/2009
Decision Date:	11/17/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Practice 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:

49 yr. old male claimant sustained a work injury on 7/31/09 involving the low back. He was diagnosed with lumbar pain with radiculopathy. A progress note on 9/8/14 indicated the claimant had decreased range of motion of the lumbar spine with tenderness over the SI joints. There was loss of sensation in the tip of the right toes. A prior MRI showed foraminal narrowing of L5-S1. The treating physician recommended a TENS unit, home exercises, Tramadol for pain and topical Ketoprofen as well as Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches, quantity #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized

controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. Topical analgesics are not recommended for long-term use. The Lidocaine patch is not medically necessary.