

Case Number:	CM14-0174809		
Date Assigned:	10/28/2014	Date of Injury:	12/03/1998
Decision Date:	12/16/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopedic Surgeon and is licensed to practice in Georgia and South Carolina. 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 44-year-old male who reported an injury on 12/03/1998. The mechanism of injury was not submitted for review. The injured worker's diagnosis of chronic pain syndrome, post laminectomy syndrome in the lumbar region, sacroiliitis not elsewhere classified, adjustment disorder with mixed anxiety and depression, persistent disorder of initiating or maintaining sleep, bipolar disorder, diabetes and aftercare for healing pathologic fracture of lower arm. Past medical treatment consists of surgery, physical therapy and medication therapy. Medications included methadone, Lucynta, Cymbalta, Lyrica, trazodone, Lidoderm 5%, Seroquel, metformin, myosin, Prozac, and Depakote. No UAs or drug screens were submitted for review. An x-ray of the lumbar spine was done on 05/04/2007 showed evidence of surgery. An x-ray of the left wrist obtained on 03/12/2013 indicated that the injured worker had distal radial fracture with slight impaction and articular surface involvement. On 05/22/2014, the injured worker complained of pain in the lower extremities. Physical examination noted that there were no tremors. Range of motion was full. Muscle mass and tone were normal. There was tenderness noted at the facet joints. Facet loading test was positive. There was negative muscle spasm. SI joints were non-tender bilaterally. Sciatic notch tenderness was absent bilaterally. Lower back flexion caused pain, right tilt caused back pain, and left tilt caused lower back pain bilaterally. Medical treatment plan was for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 57-58, 112.

Decision rationale: The request for Lidoderm 5% with a quantity of 30 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state Lidoderm is the brand name for lidocaine patch produced by [REDACTED]. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine 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. According to the MTUS Guidelines, lidocaine is recommended to patients with a diagnosis of radiculopathy. In the submitted documentation there was no indication that the injured worker had a diagnosis of radiculopathy. The submitted documentation also lacked any evidence of neuropathic pain. The efficacy of the medication was not submitted for review, nor did it indicate that the Lidoderm patches were helping with any functional deficits the injured worker was having. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.