

Case Number:	CM14-0215619		
Date Assigned:	01/05/2015	Date of Injury:	12/13/2000
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Colorado

Certification(s)/Specialty: Preventive Medicine, Occupational 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 worker is a 58-year-old female, injured on December 13, 2000 while lifting boxes and moving fixtures. The worker had a selective nerve root block in 2003 and unable to feel bowel or bladder signs. Ultimately the worker underwent a lumbar fusion surgery L4 through S1 in 2004 with a revision in 2007. The worker presented on November 6, 2014 with complaints of low back, bilateral feet and neck pain as well as headaches. There was pain in the left groin, weakness, decreased coordination of the left foot, decreased sensation of the left foot and left leg, buttock pain and tightness, right hand numbness. She also has decreased sensation in an elliptoid area along the right side. Medications include ibuprofen, duloxetine, Methocarbamol, baclofen, and Lidoderm 5% topical. Examination findings including muscle tightness and spasms around L4, pain in front of the femoral condyles with hip rotation, cramping of the low back with knee flexion, left hip external rotation during ambulation, some swelling (uncertain location), decreased sensation and pallor with some numbness in the perineal area, cramping of the left gastrocnemius and foot with left knee flexion, swelling of the left knee medial aspect, decreased sensation bilaterally in the L5-S1 distribution. Diagnoses of status post laminectomy syndrome x 2, L3 radiculopathy versus meralgia paresthetica of the right lower extremity, neurogenic bowel and bladder, partial possible carpal tunnel syndrome, possible degenerative disk disease, swelling over the left hip, were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Topical Film: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments, Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: According to the MTUS topical lidocaine, a component of the request preparation, may be recommended for localized peripheral pain in the treatment of chronic neuropathic pain disorders such as postherpetic neuralgia, 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). Topical lidocaine 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this case, there is insufficient documentation of a chronic neuropathic pain disorder and/or a failure of first-line therapy. Therefore, the request for Lidoderm 5% topical film is not medically necessary or appropriate.