MAXIMUS Federal Services

Case Number:	CM14-0217819		
Date Assigned:	01/07/2015	Date of Injury:	09/03/2010
Decision Date:	03/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York
Certification(s)/Specialty: Internal 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 injured worker is a 58 year old female, who sustained an industrial injury on September 3, 2010. She has reported lower back pain. The diagnoses have included discogenic lumbar condition and chronic pain syndrome. Treatment to date has included work modifications, ice/heat, TENS (transcutaneous electrical nerve stimulation) unit, MRI, electrodiagnostic studies, and pain, muscle relaxant, proton pump inhibitor, anti-epilepsy, and non-steroidal anti-inflammatory medications. On October 9, 2014, the treating physician noted back pain and muscle spasms with numbness and tingling of the left foot. Her pain level is 7/10, which is helped by her pain medication and allows her to be functional. The pharmacy had denied her pain medication. She walks with a cane. The physical exam revealed mildly decreased range of motion of the lumbar spine. The treatment plan included a prescription Lidoderm patch 5%. On December 12, 2014, Utilization Review non-certified a prescription Lidoderm patch 5% #60, noting the lack of clear documentation that the patient has failed first-line oral medications for the treatment of her pain, lack of clear documentation that this medication is being used to treat neuropathic pain, and lack of clear documentation that peripheral pain is being treated versus axial pain. The California Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 57, 111-113 (pdf format).

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, Lidoderm patch 5%. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsacin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosisne, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this, per California MTUS, Lidoderm is only FDA approved for the treatment of post-herpetic neuralgia. It is indicated for the treatment of neuropathic pain that has not responded to first-line therapy with medications such as Gabapentin, Lyrica, SNRIs, or tri-cyclic antidepressants. In addition, there is no documentation indicating the claimant has neuropathic pain. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.