

Case Number:	CM15-0010278		
Date Assigned:	01/27/2015	Date of Injury:	11/03/1998
Decision Date:	03/30/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/17/2015

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 male, with a reported date of injury of 11/03/1998. The diagnoses include chronic pain syndrome, lumbar pain, lumbar radiculopathy, and lumbar spine degenerative disc disease. Treatments have included Lyrica, Norco, Oxycontin, Flector patch, Lidoderm patch, Zanaflex, Ibuprofen, and a cane. The medical report dated 12/03/2014 indicates that there was a change in pain control since the last visit. He had pain in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hips, chest wall, bilateral knees, abdomen, bilateral low back, bilateral ankles/feet, and groin. The frequency of the pain was worsening. It was noted that the injured worker was taking his medications as prescribed. The physical examination showed tenderness to palpation of the lumbar spine, decreased range of motion of the torso, an antalgic gait, bilateral leg radicular symptoms, and positive bilateral straight leg test. The treating physician requested Lidoderm (Lidocaine patch) 5% #30, one patch twelve hours on and twelve hours off. The rationale for the request was not indicated. On 12/25/2014, Utilization Review (UR) denied the request for Lidoderm (Lidocaine patch) 5% #30, one patch twelve hours on and twelve hours off. The UR physician noted that the medical records do not support a localized peripheral neuropathic pain syndrome. The MTUS Chronic Pain Guidelines, the ACOEM Guidelines, and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30, 1 patch 12 hours on and 12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medications, and Anti-inflammatory Medications Benz. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 6, pages 98-99 and on the Official Disability Guidelines Head, Triptans, Pain Insomnia Treatment

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. 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, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma 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 case there is no documentation provided necessitating the use of Lidocaine patches. Per California MTUS 2009 Guidelines Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy(tricyclic or SNRI anti-depressants or an anticonvulsant medication such as Gabapentin or Lyrica). The medication is only FDA approved for post-herpetic neuralgia. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medications has not been established. The requested treatments are not medically necessary.