MAXIMUS Federal Services

Case Number:	CM15-0114731		
Date Assigned:	06/23/2015	Date of Injury:	02/28/1994
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 59 year old female who reported an industrial injury on 2/28/1994. Her diagnoses, and/or impressions, are noted to include: degeneration of the lumbar/lumbosacral inter-vertebral disc; psychalgia. No current electrodiagnostic or imaging studies are noted. Her treatments have included medication management with toxicology screenings and a medical marijuana card; and rest from work as she is noted to be disabled. A history of addiction with treatment through the Methadone Clinic is noted. The progress notes of 7/7/2015 reported a follow-up visit with complaints of chronic, moderate and persistent bilateral low back pain, left knee, and left ankle pain; associated with swelling, and aggravated by the change in weather. She also reported her attempts to physically stay active and to minimize the use of her medications for pain while relying on Lidoderm Patches and Norco to maintain her current level of function. The objective findings were noted to include no acute distress; a slowed and antalgic gait; and pain behaviors for expected context of disease. The physician's requests for treatments were noted to include the continuation Lidoderm Patches to the low back and left ankle, for significant benefit of neuropathic pain and increased functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 700mg 5% #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch 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. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants 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 anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. The claimant had been on topical Lidoderm along with other topical analgesics for years in combination with oral opioids. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The use of Lidoderm did not result in reduced use of oral medications. The request for continued and long-term use of Lidoderm patches with 2 refills as above is not medically necessary.