

Case Number:	CM15-0118852		
Date Assigned:	06/29/2015	Date of Injury:	05/31/2007
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/19/2015

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 Jersey

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 41 year old female who sustained an industrial injury on 5-31-07. Diagnoses are chronic pain other, lumbar disc displacement, and lumbar facet arthropathy. In a pain medicine re-evaluation note dated 5-29-15, the treating physician reports complaints of low back pain which is aggravated by activity and walking. Pain is rated at 7 out of 10 on average with medications and 9-10 out of 10 on average without medications with a report of a pain flare-up. She reports ongoing activity of daily living limitations due to pain; inclusive of activity, ambulation and sleep. Medications, including compliance, were discussed. Physical exam reveals a slow gait and tenderness to palpation of the bilateral paravertebral area of L3-S1 levels. Facet signs were present in the lumbar spine bilaterally. Straight leg raise at 90 degrees sitting position is negative bilaterally. Previous treatment noted includes bilateral L4, L5, and S1 facet medial nerve radiofrequency rhizotomy on 1-21-14 with a reported 50-80% improvement for 10 months and on 12-23-14 with a reported 50-80% improvement for 4 months, Lidoderm 5% patch, Naproxen, Norco, Cyclobenzaprine, Toradol-B12 injection on 5-29-15 and home exercises. She is currently working without restrictions. The treatment plan is a facet rhizotomy L4-S1, Hydrocodone-APAP 10-325mg, Lidoderm Patch 5% every 12 hours as needed for pain, and Naproxen 550mg. The requested treatment is Lidoderm 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was reports of having used Lidoderm patches for her "neuropathic lumbar spine pain associated with disc pathology" and not for local peripheral pain. Also, there was only vague reporting stating that Lidoderm had "been effective in significantly reducing pain and improving function," but no specific details were provided (level of pain reduction independent of other medications, exact functions improved only with Lidoderm, etc.) which would have been more supportive of continuing Lidoderm. Also, there was no record found which detailed which first- line therapies were tried and failed before considering Lidoderm in the first place. Therefore, the request for Lidoderm is not medically necessary at this time.