MAXIMUS Federal Services

Case Number:	CM15-0124869		
Date Assigned:	07/09/2015	Date of Injury:	10/04/2003
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 10/4/2003. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbar degenerative disc disease and pain in the ankle/foot joint. There is no record of a recent diagnostic study. Treatment to date has included lumbar epidural steroid injection, physical therapy, home exercises, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 5/8/2015, the injured worker complains of low back pain and bilateral lower extremity pain and urinary hesitation. Physical examination showed no swelling or tenderness palpated on any extremity and an antalgic gait. The treating physician is requesting Lidoderm 5% patch (700 mg/patch) #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700 mg/patch) #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in October 2003 and continues to be treated for low back and bilateral lower extremity pain. When seen, she had recently fallen. She was performing home exercises after completing physical therapy. She was using TENS. There was an antalgic gait. Topical medications being prescribed included TENS, diclofenac, and Flector. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm 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. In this case, multiple topical medications are being prescribed. Lidoderm was not medically necessary.