

Case Number:	CM15-0125192		
Date Assigned:	07/09/2015	Date of Injury:	06/12/2014
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male, who sustained an industrial injury on June 12, 2014. He reported low back pain while unloading a truck. The injured worker was diagnosed as having lumbar facet arthropathy, left lumbar radiculitis and chronic opioid therapy. Treatment to date has included steroid injection, medication, aqua therapy and physical therapy. On June 17, 2015, the injured worker complained of a constant, dull, sharp, throbbing, pins and needles pain in his low back and left leg. The pain was rated as a 6 on a 0-10 pain scale. The pain is brought on with walking, sitting, standing, bending, lifting, pushing and pulling. Notes stated that laying down helps him with his pain. Physical examination revealed tenderness to palpation in the lumbar paraspinal muscles. A lumbar epidural steroid injection gave him three months of pain relief and the aqua therapy was noted to be quite helpful. He has been off work as the employer cannot meet his work restrictions. On May 28, 2015, Utilization Review non-certified the request for Lidocaine patch 4% #10, citing California MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidocaine patch 4% #10 prescribed on 5/15/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: Retrospective Lidocaine patch 4% #10 prescribed on 5/15/2015 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be 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). This 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. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Patch is not medically necessary.