

Case Number:	CM15-0127070		
Date Assigned:	07/13/2015	Date of Injury:	07/24/2008
Decision Date:	08/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/01/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 54 year old female who sustained an industrial injury on 07/24/2008 when she slipped and fell. The injured worker was diagnosed with lumbar disc disorder and lumbar radiculopathy. There were no surgical interventions documented in the medical records except for transforaminal epidural steroid injections in 2011. Treatment to date has included diagnostic testing with lumbar magnetic resonance imaging (MRI) dated October 19, 2014, physical therapy, lumbar epidural steroid injections, chiropractic therapy, cognitive behavioral therapy (CBT) times 20 hours and medications. According to the primary treating physician's progress report on May 27, 2014, the injured worker continues to experience low back pain. The injured worker rates her pain level at 4/10 with medications and 5/10 without medications. The injured worker continues to have emergency room visits treated with benzodiazepines. Evaluation revealed an antalgic gait without assistive devices for ambulation. Examination of the lumbar spine demonstrated range of motion with flexion at 25 degrees and extension at 10 degrees limited by pain. Palpation of the paravertebral muscles documented hypertonicity, spasm, tenderness, tight muscle band, trigger point with twitch response and radiating pain and dysesthesias bilaterally. Lumbar facet loading was positive bilaterally. Straight leg raise was negative bilaterally. Motor strength demonstrated extensor hallucis longus muscles, ankle dorsi and plantar flexors, knee extensors and flexors and hip flexors at 4/5 bilaterally. Sensory evaluation noted decreased light touch to the left lower extremity. Patellar and Achilles deep tendon reflexes were documented at 1/4 bilaterally. Waddell's signs included positive over-reaction. Current medications are listed as Hydrocodone 10/325mg, Cyclobenzaprine, Naproxen,

Trazodone, Lidoderm Patch and Prilosec. Treatment plan consists of discontinuing Naprosyn and start Celebrex, psychiatric evaluation and the current request for Lidoderm Patches.

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 Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.