

Case Number:	CM15-0129416		
Date Assigned:	07/16/2015	Date of Injury:	11/04/1999
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old male who sustained an industrial injury on 11-4-99. Diagnoses are history of lumbar fusion; instrument removal 9-24-03, low back pain with post surgical changes in the lumbar spine L4-L5 and L5-S1 region, postoperative fibrosis in the region of the laminectomy at L5-S1; enhancement of the left exiting L4 nerve root at L4-L5, left sided S1 joint syndrome, depression due to chronic pain, right knee pain, and status post spinal cord stimulation trial -12-2014 with successful results. In a progress report dated 6-9-15, the treating physician notes he is still having localized discomfort where the spinal cord stimulator is. He states it still feels like pushing a thumb into the spinal cord. Current medication is Elavil, Lidoderm patches, Voltaren Gel, and Ibuprofen. There is slight swelling at the lower thoracic spine at the midline and tenderness to palpation. Previous treatment includes spinal cord stimulation- with pain reduction reported at 80% and he started getting feeling back in his feet that have been numb for a number of years, lumbar surgery, Motrin, Elavil, Lidoderm patch, and Voltaren Gel. The requested treatment is Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured workers working diagnoses are history lumbar fusion with instrument removal September 24, 2003; low back pain with postsurgical changes lumbar spine L3 - L4 and L5 - S1 fusion disc spaces and left laminectomy at L4 - L5 and L5 - S1; left sided SI joint syndrome; depression due to chronic pain; right knee pain; and status post spinal cord stimulation trial December 2014 with successful results. The date of injury is November 4, 1999. The request for authorization is dated June 22, 2015. The medical record contains 30 pages. The earliest progress note with a Lidoderm 5% prescription is dated April 6, 2015. The injured worker had a successful spinal cord stimulator implantation February 19, 2015. Subjectively, the worker complained of 7/10 back pain. There are no neuropathic symptoms documented in the medical record. Objectively, there was tenderness to palpation with no neurologic evaluation. A follow-up progress note dated June 9, 2015 states the injured worker subjectively as localized discomfort at the spinal cord stimulator implantation site. Objectively, there is tenderness palpation of the lumbar spine. There is no documentation demonstrating objective functional improvement with Lidoderm (over the prior two months). The guidelines recommend a short-term four-week trial. It was no trial in the medical record. If improvement cannot be demonstrated the medication should be discontinued. There is no documentation in the medical record regarding improvement. Consequently, absent clinical documentation with objective functional improvement, a short-term clinical trial and documentation of neuropathic pain, Lidoderm 5% is not medically necessary.