MAXIMUS Federal Services

Case Number:	CM15-0170197		
Date Assigned:	09/10/2015	Date of Injury:	07/21/2005
Decision Date:	10/15/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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 59 year old male, who sustained an industrial injury on 7-21-05. The injured worker has complaints of lower back pain. The documentation noted 7-16-15 noted that the injured worker rates his pain with medications as a three on a scale from 1 to 10 and without medications as a nine on a scale of 1 to 10. The injured workers quality of sleep is poor and his activity level has decreased. The injured worker reports that he is able to perform his activities of daily living and increase his activity level with the aid of medications. The documentation noted that the injured worker has a left sided antalgic gait; gait is slow and is assisted by a cane. Lumbar spine examination revealed range of motion is restricted with pain, on palpation, paravertebral muscles, hypertonicity, spasm and tenderness is noted on both the sides. Lumbar facet loading is positive on both sides and there is tenderness noted over the coccyx. The diagnoses have included low back pain; spinal and lumbar degenerative disc disease; lumbar radiculopathy and lumbar facet syndrome. Treatment to date has included baclofen; lidoderm patch; norco and MS contin. The documentation noted urine toxicology confirmation on 5-1-14 for morphine, hydrocodone, nor hydrocodone, hydromophone and baclofen. The original utilization review (7-30-15) non-certified the request for lidoderm 5 percent patch #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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.