

Case Number:	CM15-0171431		
Date Assigned:	09/11/2015	Date of Injury:	02/27/2006
Decision Date:	10/09/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury on 2-27-06. He had complaints of low back pain. Treatments include: medication, physical therapy, aqua therapy, injections, spinal cord stimulator and intrathecal morphine. Progress report dated 7-14-15 reports continue complaints of ongoing and debilitating lower back pain that radiates down both lower extremities, the left side greater than the right. His pain is rated 9 out of 10 without medications and 7 out of 10 with medications. He reports the trial spinal cord stimulator gave 50-60% pain relief. Current medication regimen gives him 20-30% relief. Diagnoses include: lumbar myoligamentous injury with associated facet joint hypertrophy, herniated nucleus pulposus with central and foraminal stenosis, left lower extremity radiculopathy, reactionary depression and anxiety, right lateral epicondylitis, and hypertension. Work status: temporarily totally disabled. Plan of care includes: 4 trigger point injections were administered, medications refilled; Prilosec, Prozac, Anaprox, Oxycontin, Roxicodone, Norco, soma, Lidoderm 5%, Neurontin was increased and he gets good relief from LidoPro topical analgesic cream, schedule consultation with orthopedic spine surgeon, needs MRI and flexion and extension films, proceed with intrathecal morphine pump implant. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches daily #30: 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 California chronic pain medical treatment guidelines section on topical lidocaine 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. There is no documentation of failure of first line neuropathic pain medications. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.