

Case Number:	CM15-0173347		
Date Assigned:	09/15/2015	Date of Injury:	10/13/2001
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old female, who sustained an industrial injury on 10-13-2001. The injured worker was diagnosed as having chronic pain syndrome, lumbago, thoracic or lumbar neuritis or radiculitis, insomnia, foot pain, sacroiliitis. The request for authorization is for: POS Lidocaine pad 5%, day supply: 30, Qty: 90, refills: 00; and Omeprazole cap 20mg day supply: 30, Qty: 60, refills 00. The UR dated 8-11-2015: non-certified: Lidocaine pad 5%, day supply: 30, quantity: 90, with no refills; and certified: Omeprazole cap 20mg, day supply: 30, quantity: 60, with no refills. On 1-19-2015, she reported low back pain. She rated the pain as 5-7 out of 10. She reported Skelaxin and Gabapentin to provide "no benefit", and that Lidoderm patches give her "benefit" of around a 50% reduction. Current medications include: Norco, Prilosec, and Lidoderm 5% patch, Trazodone, Cymbalta and Topamax. Physical findings revealed: tenderness in the lumbar area along with spasms. On 5-15-2015, she reported low back pain. She rated the pain 4-6 out of 10, and indicated it to be worsened with prolonged activity. She reported a 50% pain reduction with the use of Lidoderm patches and Norco. She also indicated she was able to perform activities of daily living with less pain. Physical findings revealed tenderness and spasms in the lumbar with a positive Faber bilaterally. The treatment and diagnostic testing to date has included: medial nerve branch block lumbar spine (9-30-2014), medications, acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% day supply: 30 qty: 90 refills: 00 rx date: 08/04/2015: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury in October 2001 and is being treated for chronic low back pain with a history of a lumbar fusion from L4 to the sacrum in September 2014 and multiple right foot surgeries. When seen, she had starting drinking again. Medications were providing 50% benefit. Physical examination findings included cervical and lumbar tenderness. There was lumbar facet tenderness with muscle spasms. There was lumbar pain with extension and rotation. Bilateral sacroiliac joint testing was positive and there was sacroiliac joint tenderness. There was diffuse right foot tenderness. Continued alcohol counseling was encouraged. Medications were refilled. Lumbar radiofrequency ablation was requested. Topical Lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.