MAXIMUS Federal Services

Case Number:	CM15-0176989		
Date Assigned:	09/17/2015	Date of Injury:	02/19/2014
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 male individual who sustained an industrial injury on 2-19-14 from a lifting incident and has not worked since the day of injury. Diagnoses included chronic low back pain; lumbar degenerative disc disease; left lower extremity radicular pain with evidence of radiculopathy; myofascial pain, lumbar spine; depression; sleep disorder, decreased libido, secondary to depression; fear and pain avoidant behavior; deconditioning; diabetes. He currently (7-9-15) reports that since he finished the functional restoration program he is essentially bedridden and lays in bed with an icepack 95% of the time. He complains of a lot of left leg pain and left leg numbness when he gets out of his bed. On physical exam, he has a markedly antalgic gait, decreased trunk rotation, decreased hip and ankle range of motion. He continues to have a positive straight leg raise on the left. There was decreased sensation to the lower extremities in the L5-S1 distribution on the left and decreased motor strength on the left lower extremity. Diagnostics include MRI of the lumbar spine (4-23-14) showing L4-5 disk bulge with mild facet degenerative changes. Treatments to date include functional restoration program (5-2015 discharge). In the 8-24-15 note the injured worker completed 80 hours of the program and decided not to compete the authorized 160 hours stating that he "got a lot of benefit but did not see the point in continuing". He has refused psychological oriented treatment. He has declined surgical consult. His medications were Lidoderm 5% patch, ibuprofen, Tylenol ES, Bengay, gabapentin, Sulindac, Lamotrigine. In addition, he has had physical therapy and massage therapy, which worsened his condition. The request for authorization was not present. On 8-26-15 utilization review evaluated and non-certified the request for Lidoderm patch 5% #30 based on no documentation of localized peripheral pain after there has been a trial of first line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Lidoderm 5% adhesive patches #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): Lidoderm (lidocaine patch).

Decision rationale: Refill of Lidoderm 5% adhesive patches #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patch 5% is not medically necessary.