

Case Number:	CM15-0177558		
Date Assigned:	09/18/2015	Date of Injury:	09/14/1992
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/09/2015

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:

This 60 year old woman sustained an industrial injury on 9-14-1992. The mechanism of injury is not detailed. Evaluations include sacroiliac joint MRI dated 10-11-2011. Diagnoses include lower leg pain, lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, post-laminectomy syndrome, lumbar spinal stenosis, and herniated cervical disc. Treatment has included oral and topical medications, left hip injection, epidural steroid injections, physical therapy, and surgical intervention. Physician notes dated 6-9-2015 show complaints of worsening low back pain rated 8-9 out of 10 with radiation to the bilateral lower extremities with right lower extremity weakness and bilateral buttock numbness. The worker states that the Norco has made her chronic pain better and Tramadol helps with neuropathic pain flares. The Norco reduces her pain rating to 3 out of 10 and lasts about two hours, the Tramadol reduces her pain rating to a 4-5 out of 10 and lasts about two hours, and the Lidocaine patches significantly alleviate the neuropathic pain in conjunction with the Topamax. The physical examination shows discomfort and leaning to the right side, normal pain behaviors, appears tired, tearful, and decreased range of motion and tenderness noted to the bilateral hips without measurements. Recommendations include shoehorn, shower bar, lumbar spine MRI, right hip injection, continue activity as tolerated, follow up with primary care physician, Lidocaine patches, Topamax, Tramadol, Norco, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #90 with 2 refills: 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. The patient does have lower extremity pain, however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.