

Case Number:	CM15-0045645		
Date Assigned:	03/18/2015	Date of Injury:	10/20/2013
Decision Date:	05/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52-year-old female who reported an injury on 10/20/2013. The mechanism of injury was not provided. The documentation of 01/22/2015 revealed the injured worker had pain of a 6/10. Standing and sitting intensified pain. The injured worker was requesting a refill of medications. The documentation indicated the injured worker had splinting and myospasm on the lumbar spine. The lumbar spine had decreased range of motion and tenderness in the neural foramina at L4-S1. The injured worker had a positive straight leg raise on the right side. The diagnosis included chronic lumbar discogenic pain, persistent, right lumbar radicular pain with possible L5 radiculopathy, L5-S1 spondylolisthesis and spondylosis with disc protrusion at L4-S1. The treatment plan included gabapentin 300 mg 3 times a day, Norflex 100 mg twice a day, and Lidoderm patches 12 hours a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #30, apply to skin 12 hours per day as needed, with 3 refills, provided on date of service: 01/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide the injured worker had a trial and failure of first line therapy, as the injured worker was utilizing gabapentin. There was a lack of documentation indicating the efficacy for the requested medication, including a decrease in pain as well as an improvement in objective function. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Lidoderm patch #30, apply to skin 12 hours per day as needed, with 3 refills, provided on date of service: 01/22/2015 is not medically necessary.