

Case Number:	CM15-0061363		
Date Assigned:	04/07/2015	Date of Injury:	12/07/2000
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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: Colorado
 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 66-year-old male sustained an industrial injury to the low back on 12/7/00. Previous treatment included magnetic resonance imaging, lumbar laminectomy, home exercise program and medications. Patient also reports use of medical marijuana on regular basis for sleep. In a PR-2 dated 3/19/15, the injured worker complained of ongoing low back pain with radiation to bilateral legs. The injured worker reported not taking his medications as prescribed. The injured worker reported stopping Neurontin because he got dizzy and fell. Physical exam was remarkable for lumbar spine with loss of normal lordosis, restricted range of motion, tenderness to palpation to the paraspinal musculature and spinous process with positive FABER's test and tenderness to palpation to the piriformis muscles on the left and over the sacroiliac joint. Current diagnoses included lumbar post laminectomy syndrome, lumbar radiculitis and sacroiliac sprain/strain. The treatment plan included a course of physical therapy to revise home exercise program and a trial of Mobic and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5 PERCENT APPLY TO BACK TO 12 HOURS PER DAY #30 REFILL: 1:
 Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 56-57, and 111-113.

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. Topical lidocaine in the dermal patch formulation (Lidoderm), can be recommended for neuropathic pain after a trial of first line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Per the Guidelines, additional quality studies are needed to recommend Lidoderm for other chronic neuropathic pain. Per the records for the patient, he has tried Gabapentin and Cymbalta (first line therapies) for pain without significant improvement. Patient does have documented radicular pain symptoms, consistent with neuropathic pain, though patient does not have post-herpetic neuralgia. While Lidoderm does not have FDA approval for treatment of any neuropathic pain except post-herpetic neuralgia, the Guidelines do allow for use of Lidoderm in treatment of neuropathic pain, in general, after failure of first line medications. As patient has had failure of first line therapies, a trial of Lidoderm patches would be medically necessary.