

Case Number:	CM15-0064867		
Date Assigned:	04/28/2015	Date of Injury:	04/08/2008
Decision Date:	05/29/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 59 year old male who sustained an industrial injury on 4/8/2008. His diagnoses include lumbosacral radiculopathy, anxiety disorder, depression, insomnia and chronic pin syndrome. His treatments have included medications management, PT, epidural injections and modified work duties. Progress notes of 2/4/2015 reported continued, and worsening, lower back pain, which radiates down the lower extremities, and is associated with numbness/tingling and weakness. There were objective findings of decreased sensation to bilateral L5 dermatomes. The physician's requests for treatments were noted to include Lid-All pain relieving patches. The medications list includes opioids from VA providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidAll pain relieving patch - 5 patches/box (#10) - Retrospective DOS 12/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine indication - Neuropathic pain. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDruginfo.cfm?archiveid=131490>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsant and antidepressant medications have failed. The listed second line medication is plain topical lidocaine in the form of patch. The records did not show that the patient failed treatment with first line medications. There was no diagnosis of localized neuropathic pain such as CRPS. The recommended medication treatment for lumbar radiculopathy is oral formulations of the first line medications. The LidAll product contains lidocaine 4% / menthol 1%. There is lack of guidelines or FDA support for the chronic use of topical menthol for the management of musculoskeletal pain. The criteria for the use of LidAll 5 patches/box #10 DOS 12/3/2014 was not met. The request is not medically necessary.