

Case Number:	CM15-0065087		
Date Assigned:	04/13/2015	Date of Injury:	08/09/2012
Decision Date:	05/14/2015	UR Denial Date:	04/02/2015
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, California
 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 08/09/2012. He has reported injury to the lower back. The diagnoses have included lumbago; lumbar disc displacement without myelopathy; lumbar radicular pain; and sacroiliitis. Treatment to date has included medications, diagnostics, epidural steroid injection, trigger point injections, acupuncture, and physical therapy. Medications have included Norco, Relafen, Lyrica, Sertraline and Lidoderm patch. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; bilateral lower extremity pain; and right buttock pain; and the use of medications produces an appreciable degree of pain relief and higher degree of daily functioning. Objective findings included musculoskeletal and neurological examinations are within baseline for their level of function. The treatment plan has included the request for Retro: date of service 03/24/2015 Lidoderm 5% patch #60. The patient sustained the injury due to lifting. The patient has had MRI of the lumbar spine on 10/16/2013 that revealed degenerative changes and normal EMG study. Patient has received an unspecified number of PT and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: date of service 3/24/15 Lidoderm 5% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-112, Topical Analgesics Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Request: Retro: date of service 3/24/15 Lidoderm 5% patch #60. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Lyrica and Sertraline. The detailed response of the Lyrica and Sertraline for this injury was not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of the medication Retro: date of service 3/24/15 Lidoderm 5% patch #60 is not fully established. The request is not medically necessary.