MAXIMUS Federal Services

Case Number:	CM15-0070624		
Date Assigned:	04/20/2015	Date of Injury:	10/18/1991
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey
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 40 year old female, who sustained an industrial injury on October 18, 1991. She reported low back pain. The injured worker was diagnosed as having sprain of the lumbar region, late effects of a lumbar strain, myalgia and myositis. Treatment to date has included diagnostic studies, physical therapy, medications and activity restrictions. Currently, the injured worker complains of severe back pain with secondary increased loss of function. The injured worker reported an industrial injury in 1991, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 4, 2014, revealed improved pain after some therapy. She reported improved pain after past therapy however it had eventually returned. Topical pain patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES #1 BOX 30 PATCHES: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was insufficient evidence to show neuropathy was contributing to the worker's pain to suggest Lidoderm would be an appropriate medication. There was no reported radiculopathy, and no sensory changes found on physical examination. Also, MRI findings were not suggestive of any nerve impingement. Even in the case of pain being related to neuropathy, there was no record of having tried and failed first line therapies first before considering Lidoderm. Therefore, the request for Lidoderm will be considered not medically necessary.