

Case Number:	CM15-0071564		
Date Assigned:	04/21/2015	Date of Injury:	06/13/2014
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: Arizona, 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 50 year old female injured worker suffered an industrial injury on 06/13/2014. The diagnoses included depression, lumbar compression fracture, and myofascial pain syndrome and lumbar discogenic degenerative disease with radiculopathy. The diagnostics included computerized tomography of the thoracic and lumbar spine, lumbar x-ray and lumbar magnetic resonance imaging. The injured worker had been treated with physical therapy, TENS and medications. On 3/25/2015 the treating provider reported low back pain, thoracic pain and neck pain. The pain is 5/10 with medications and 8/10 without medications. There is diffuse tenderness in the lumbar spine with spasms and reduced range of motions. There is an impaired gait. The treatment plan included Lidocaine PAD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Lidocaine PAD 5% #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. The claimant was noted to have 50% relief with Tylenol and Cymbalta. Long term use as prescribed above for topical analgesics is not recommended. The Lidocaine patch is not medically necessary.