

Case Number:	CM15-0072325		
Date Assigned:	04/22/2015	Date of Injury:	03/11/2007
Decision Date:	05/20/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/16/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 48 year old male, who sustained an industrial injury on March 11, 2007. He reported back pain with radiating pain, weakness and numbness to the bilateral lower extremities. The injured worker was diagnosed as having backache, lumbar disc disease, Reiter's disease, acute conjunctivitis, arthropathy of the ankle and foot, post-traumatic stress disorder, opioid dependency in remission due to chronic pain, sciatica, opioid induced hyperalgesia, neuralgia/neuritis, lumbar disc degeneration, endogenous depression, myalgia and myositis. Treatment to date has included radiographic imaging, diagnostic studies, lumbar fusion, extensive conservative therapies, epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of continued back pain with radicular symptoms into the bilateral lower extremities. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 26, 2014, revealed continued pain although with slight improvements. Unfortunately on March 14, 2015, he fell down stairs in his home and had a severe exacerbation of neck and back pain. He was hospitalized and found to have acute renal failure secondary to medication use as well as Reiter's syndrome. Epidural injection and surgical intervention were recommended however another physician noted disagreeing with the recommendation secondary to the autoimmune disorder. Lidoderm 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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm Patches.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches #60. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (I have a limit of the diagnosis meant number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are backache; lumbar disc displacement; Reiter's disease; acute conjunctivitis; arthropathy ankle and foot associated with Reiter's; opiate dependence in remission due to chronic pain; sciatica; opiate induced hyperalgesia; neuralgia; chronic pain syndrome; degeneration lumbosacral inter-vertebral disc; endogenous depression; myalgia and myositis. A March 20, 2015 progress note coincides with the request for authorization. The current list of medications includes Nucynta, amitriptyline, clonidine, suboxone, Lexapro, Lyrica, Robaxin, Zoloft, and metoprolol. There is no documentation the injured worker is using Lidoderm patches. Additionally, the documentation does not show evidence of failed first-line treatment with antidepressants and anticonvulsants. Additionally, there was no objective functional improvement with Lidoderm patches documented in the medical record. The area for treatment (area to apply patch) is not designated. Consequently, absent clinical documentation with a clinical indication and rationale for Lidoderm use and a listing in the current medications (according to a March 20, 2015 progress note), Lidoderm patches #60 are not medically necessary.