

Case Number:	CM15-0092314		
Date Assigned:	05/18/2015	Date of Injury:	05/19/2009
Decision Date:	06/25/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/13/2015

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

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 58 year old male who sustained an industrial injury on 5/19/09 injuring his back. He currently (3/26/15) complains of bilateral lumbar, thoracic, cervical pain and right anterior knee pain with numbness and tingling of the right lower extremity. His pain level is 6/10. At its best the pain level is 4/10 and at its worst it is 10/10. He feels better with rest, pain medications and home exercises and activities such as sitting, bending, reaching, driving, lifting, walking, standing make his symptoms worse. Medications are flurbiprofen, baclofen, dexamethasone, menthol, camphor, capsaicin, hyaluronic acid; Lidoderm patch; omeprazole; naproxen. Diagnoses include lumbar intervertebral disc displacement without myelopathy; neuritis/ radiculitis thoracic/ lumbosacral region; anxiety; depression. Treatments to date include medications, physical therapy. Diagnostics include MRI lumbar spine (12/8/14) showing disc protrusion, mild bilateral facet arthropathy, and disc desiccation. In the progress note dated 3/26/15 the treating provider's plan of care included flurbiprofen, baclofen, dexamethasone, menthol, camphor, capsaicin, hyaluronic acid to reduce pain, increase function and mobility and decrease the need for additional oral medications; Lidoderm patch; omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches: Upheld

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

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

Decision rationale: This patient receives treatment for chronic low back pain. This relates back to an industrial injury dated 05/19/2009. The patient has low back pain that radiates to the right lower extremity. The medical diagnoses include lumbar disc disease and facet arthropathy, this review addresses a request for Lidoderm patches. Lidoderm is a patented topical delivery system containing Lidocaine, an anesthetic agent. This brand of patch is FDA approved for neuropathic pain. Lidoderm is also used off-label to treat diabetic neuropathy of the extremities. This agent is not approved for non-neuropathic pain. This patient doesn't have peripheral neuropathy, Lidoderm is not medically necessary.

FCL 180mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient receives treatment for chronic low back pain. This relates back to an industrial injury dated 05/19/2009. The patient has low back pain that radiates to the right lower extremity. The medical diagnoses include lumbar disc disease and facet arthropathy, this review addresses a request for FCL 180 mg patch. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. FCL contains diclofenac, an NSAID. NSAIDs are not recommended to treat chronic low back pain in their topical form. Clinical studies do not show efficacy in pain relief or a return to function for topical NSAIDs. FCL is not medically necessary.