

Case Number:	CM14-0134420		
Date Assigned:	08/27/2014	Date of Injury:	05/22/2012
Decision Date:	11/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 33-year-old male who reported an injury on 05/22/2012. The mechanism of injury was a fall. Prior treatments included a TENS unit and chiropractic care. The surgical history was stated to be none. The previous medications were noted to include Naproxen 500 mg (twice a day), Flexeril 10 mg (at bedtime), Tramadol 50 mg (twice a day), and Medrox patches. The injured worker had an MRI of the right knee on 10/04/2012. The documentation of 07/14/2014 revealed the injured worker's current medications were Naproxen 500 mg (1 tablet twice a day), Tramadol 50 mg (1 tablet twice a day), and Lidoderm patches (1 patch 12 hours on and 12 hours off) #30, which was last prescribed on 07/14/2014. The diagnoses included low back pain and myalgia/myositis unspecified. The treatment plan included Naproxen 500 mg by mouth twice a day #60; Tramadol 50 mg 1 by mouth twice a day #60, 2 refills; physical therapy, 10 sessions for the low back and for a home exercise program and myofascial release without the use of modalities. There was no Request for Authorization submitted for review. There was no documented rationale for the use of a topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% on 12 hours and off 12 hours #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56, 57.

Decision rationale: The California MTUS Guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as Gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had a condition that the medication would be appropriate treatment for. There was a lack of documentation indicating the injured worker had a trial of first line therapy. Additionally, the duration of use could not be established. Given the above, the request for Lidoderm Patch 5% on 12 hours and off 12 hours #30 is not medically necessary.