

Case Number:	CM14-0165609		
Date Assigned:	10/09/2014	Date of Injury:	01/30/2010
Decision Date:	10/13/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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. 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: North Carolina

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 female, who sustained an industrial injury on 1-30-2010. The injured worker was diagnosed as having chronic low back pain post-operative, anxiety, panic attacks, and gastrointestinal complaints. The request for authorization is for: Lidocaine 5% 700mg, #60. The UR dated 9-23-2014: non-certified the request for Lidocaine 5% 700mg, #60. On 7-8-2014, she reported needing refills on her medications. Subjective findings are noted as her being seen on follow up, and AME recommending internal medicine evaluation for her gastrointestinal complaints and a second opinion for her back. The AME is also reported to have recommended a TENS unit. Physical findings revealed are tenderness in the low back with no spasms noted, and a negative straight leg raise test. The treatment plan included: Lidoderm 5% patch, 2 patches to affected area every day as needed for pain (2 hours on, 12 hours off) #60 with one refill. On 8-19-2014, subjective findings are noted as her presenting with her mom, and having "persistent symptoms". The provider indicated they would request transfer of care to pain management, and would request blood work including a complete blood count with differential and sedimentation rate due to a possible infection. Objective findings revealed tenderness in the low back with full motor strength, no muscle atrophy, flexion 80 degrees, extension 20 degrees, and bilateral bending 20 degrees. Her work status is noted to be per AME. On 9-2-2014, she reported using an interferential unit prior to being prescribed a TENS unit and indicated this to be helpful. Physical findings are revealed as tenderness to the low back with full motor strength. The treatment plan included changing the TENS unit to an interferential unit. The treatment and diagnostic testing to date has included: low back surgery, magnetic resonance imaging of the lumbar spine, blood

work, AME, aqua therapy, TENS unit, and medications including: Alprazolam 1 mg, Lidoderm 5% patches, Tramadol, Alprazolam 2mg, Trazodone, and Lortab.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% 700MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.