

Case Number:	CM13-0009277		
Date Assigned:	11/08/2013	Date of Injury:	10/31/2006
Decision Date:	11/14/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 46 year old male with an injury date of 10/31/06. Based on 06/19/13 progress report provided by [REDACTED] the patient presents with low back pain rated 6/10 that radiates to his buttocks. Physical examination of the lumbar spine revealed tenderness to palpation to the lumbar paraspinal muscles and decreased range of motion. FABER test was negative. Sensation to touch was decreased on the left L5 and S1 dermatomes. Patient received 30-50% relief from second ESI at L5-S1 on the left (date unspecified). Treater states that "patient is to have physical therapy and to continue with home exercise program." Per treater report dated 06/05/13, patient medications include Lidoderm, Tramadol, Lyrica, Citalopram, Methocarbamol, Tylenol and Omeprazole. Diagnosis 06/19/13- low back pain with radiculitis-lumbar disc syndrome and neuritis - lumbar degenerative disc disease. [REDACTED] is requesting Lidoderm Patches 5%. The utilization review determination being challenged is dated 07/30/13. The rationale is "No evidence of neuropathic pain in this case..." [REDACTED] is the requesting provider, and he provided treatment reports from 01/04/13 - 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: The patient presents with low back pain rated 6/10 that radiates to his buttocks. The request is for Lidoderm Patches 5%. His diagnosis dated 06/19/13 includes low back pain with radiculitis, lumbar disc syndrome and neuritis and lumbar degenerative disc disease. Treater states that patient received 30-50% relief from second ESI at L5-S1 on the left (date unspecified). Per treater report dated 06/05/13, Lidoderm is included in patient medications. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient presents with radicular symptoms and pain in back and neck, but not pain that is peripheral and localized neuropathic. Lidoderm patches would not be indicated. The request is not medically necessary and appropriate.