MAXIMUS Federal Services

Case Number:	CM13-0018280		
Date Assigned:	11/06/2013	Date of Injury:	02/12/2003
Decision Date:	01/21/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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.

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 56 YO, M with a date of injury on 2/12/03. The progress report dated 10/30/13 by [redacted] noted that the patient continues with significant neuropathic pain in his left lower extremity. He describes electrical shooting pain and burning along the lateral thigh, calf, and over the dorsum of the left foot. The patient's diagnoses include: chronic and persistent low back pain, s/p L4-S1 interbody fusion on 2/17/06. The patient had previously trialed gabapentin and Cymbalta and both were discontinued secondary to side effects. The patient does report a positive response to Lyrica, but it is less than adequate. The patient was trialed on Lidoderm patches, and he found that his pain levels improved an additional 20% with the addition of the patches. The patient then rated his pain improvement at 50% when the use of Lyrica was added to the Lidoderm 5% patches. This improvement was noted to be specifically related to his neuropathic pain. The patient also reported improved sleep and a 50% increase in walking distance. He also reported improved ability to perform ADLs such as light housekeeping, cooking, and caring for himself. A request was made for continued use of Lidoderm 5% patches daily for symptomatic relief of neuropathic pain, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% QTY: 30: Overturned

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

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

Decision rationale: The progress report dated 10/30/13 by [redacted] noted that the patient continues with significant neuropathic pain in his left lower extremity. He describes electrical shooting pain and burning along the lateral thigh, calf, and over the dorsum of the left foot. The patient's diagnoses include: chronic and persistent low back pain, s/p L4-S1 interbody fusion on 2/17/06. The patient had previously trialed Gabapentin and Cymbalta and both were discontinued secondary to side effects. The patient does report a positive response to Lyrica, but it is less than adequate. The patient was trialed on Lidoderm patches, and he found that his pain levels improved an additional 20% with the addition of the patches. The patient then rated his pain improvement at 50% when the use of Lyrica was added to the Lidoderm 5% patches. This improvement was noted to be specifically related to his neuropathic pain. The patient also reported improved sleep and a 50% increase in walking distance. He also reported improved ability to perform ADLs such as light housekeeping, cooking, and caring for himself. A request was made for continued use of Lidoderm 5% patches daily for symptomatic relief of neuropathic pain, #30. MTUS pg. 111-113 recommends Lidoderm patches for neuropathic pain, 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 above guideline appears to be met in this case, therefore authorization is recommended.