

Case Number:	CM13-0018487		
Date Assigned:	10/11/2013	Date of Injury:	07/08/2003
Decision Date:	02/12/2014	UR Denial Date:	08/02/2013
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 Occupational 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 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. 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 61-year-old female with a work-related injury on 7/8/03 to her right knee. Her symptoms progressed to include low back pain and right sciatica. Patient was treated with meds, cortisone and Synvisc injections to the right knee and lumbar epidural injections. She is status post right knee arthroplasty on 11/30/10. Her current meds include Atenolol 100mg, Estradiol 1mg, Levothyroxine 100mg, Diovan 80mg, Xalatan 0.005%, Timolol maleate, Advil, Nucynta 50mg and Lidoderm 5% patch. Treating doctor's note on 7/12/13 reveals patient complaining of low back pain with radiation to the right lower extremity and right foot pain with her current pain level at 8/10 and 10/10 on bad days. Findings include (+)SLR on the right at 40 degrees, tenderness over right lumbar facet joint, weakness of right lower extremity strength with decreased sensation. Diagnosis is right lumbar radiculopathy, facet arthropathy, SI joint dysfunction, right knee pain and right Morton's neuroma. There is an RFA dated 7/29/13 for Lidoderm 5% patch #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, #60: Upheld

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

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

Decision rationale: This patient is taking Nucynta and Advil for pain. There is no evidence in the current records that the patient is benefiting from the Lidoderm patch. The patch is meant for neuropathic pain. The patient reports increasing pain, and it appears the patch is not helping with her pain. There is no evidence in the record given that the patient tried other first line therapy for her peripheral pain. This treatment is only approved for post herpetic neuralgia and for it to be used for off label pain; it needs to show a clear benefit. Therefore, the treatment is not appropriate at this time.