

Case Number:	CM13-0021408		
Date Assigned:	11/08/2013	Date of Injury:	10/21/2001
Decision Date:	01/30/2014	UR Denial Date:	08/26/2003
Priority:	Standard	Application Received:	09/09/2013

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 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 50-year-old female who reported an injury on 10/21/2001. The mechanism of injury information was not provided in the medical record. The patient's medication regimen includes Cymbalta 60mg 1 tablet twice daily, Fentanyl 50mcg/hr Patch 1 patch every 48 hours, Gabapentin 300mg 2 capsules three times a day, Lidocaine 5% Patch 1-2 patches applied once daily on for 12 hours then off for 12 hours, Percocet 10/325mg 1-2 tablets every 4 hours as needed not to exceed 8 tabs each day, and Trazodone 50mg 2 tablet at bedtime. Review of the medical record revealed the most recent clinical visit was 09/16/2013. The patient complained of increased back pain, right shoulder, and bilateral lower extremity pain, and depression. The patient also reported that she had been taking 3 Trazodone instead of the 2 as prescribed. The patient complained of poor sleep and depression. Physical assessment revealed decreased range of motion to lumbar for flexion and extension, along with tenderness to palpation to paraspinal muscles. There was noted difficulty with transfers from sitting to standing, and gait was antalgic. The patient diagnoses included low back; post laminectomy syndrome, status post repositioning of spinal cord stimulator, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine adhesive patch, dosage 5% (700mg/patch) - apply 1-2 patch(es) to skin once a day x 12 hrs, dispense #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Local Anesthetics / Lidoderm patches (lidocaine)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: California MTUS states Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no objective clinical documentation of the patient having had a first-line therapy trial. There is no documentation of the patient having a localized peripheral neuropathy disorder, as suggested by California MTUS. The patient was taking the requested medication already at time of this request, and continued to have complaints of pain. The patient's pain had been so bad she attempted to alter her medication in attempt to get sufficient sleep. The current medication regimen does not seem to be effective in the patient's pain control. The medical efficacy of the requested medication has not been proven at this time. As such, the request for Lidocaine adhesive patch, dosage 5% (700 mg/patch) - apply 1-2 patch(es) to skin 1 x a day x 12 hrs, dispense #60 with 1 refill is non-certified.