

Case Number:	CM13-0025732		
Date Assigned:	12/04/2013	Date of Injury:	10/04/2010
Decision Date:	02/28/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/17/2013

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 & 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. 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:

This patient is a 46-year-old female with date of injury on 10/04/2010. Per treating physician's report from 05/09/2013, presenting complaints are low back pain with radiation down her legs associated with tingling and weakness. Listed diagnoses are: 1. Lumbosacral strain. 2. Sciatica. The treating physician was providing Lidoderm 5% patches at 700 mg per patch. Under medications, the treating physician states, "She has been on Lidoderm patches, which she uses intermittently when the weather is cold, which exacerbates her pain." Report from 06/11/2013 by [REDACTED] is reviewed. Here he listed diagnoses of sciatica, chronic myofascial pain, lumbosacral strain, mood adjustment disorder secondary to pain. He states under treatment plan that the patient has responded and tolerated the medication well, that she is on Cymbalta 60 mg daily as well as Lyrica for the neuropathic component of her pain, which have been helpful and effective. Review of the 07/09/2013 report by the same treating physician talks about TENS unit providing 60% to 80% relief. No discussion regarding Lidoderm patches on this report either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, 700mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The Physician Reviewer's decision rationale: This patient suffers from chronic low back pain with some radicular symptoms or sciatica. The treating physician has prescribed Lidoderm patches indicating that this patient uses it on an intermittent basis, particularly when the weather is cold. The treating physician does not describe where this patient puts the Lidoderm patches in and for what reason. It is assumed that the Lidoderm patches are used for the patient's low back pain. In reference to the patient's radicular symptoms, the treating physician indicates in his reports on 06/11/2013 and particularly 07/09/2013 that Lyrica and Cymbalta medications are significantly reducing her radicular symptoms. TENS unit is another that provided 60% to 80% reduction of pain. There are no discussions regarding how effective Lidoderm patches have been. MTUS guidelines page 112 states that lidocaine is indicated for neuropathic pain and also recommended for localized peripheral pain after other medications have been tried. It is also recommended in the formulation of a dermal patch or Lidoderm and other formulations of lidocaine such as creams, lotions, or gels are not indicated for neuropathic pain. It appears that Lidoderm patches are recommended for neuropathic pain and localized peripheral pain. It does not appear that the Lidoderm is used for this patient's radicular symptoms but more for low back pain. Low back pain is not "localized peripheral pain." Lidoderm patches are not indicated for centralized low back pain for which this patient is using. Recommendation is for denial.