

Case Number:	CM13-0040542		
Date Assigned:	12/20/2013	Date of Injury:	02/12/2003
Decision Date:	03/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56-year-old male was reportedly injured on 2/12/03. The patient injured his low back. The patient had an L4-S1 interbody fusion on 2/17/06 and has been treated with multiple modalities post-operatively (physical therapy, aquatic therapy, medication, activity modification, and pain management services.) Additionally, on August 8, 2011 the patient underwent percutaneous placement of lumbar spinal cord for persistent lower back pain and bilateral lower extremity radicular pain. Patient's history also includes: chronic cervical sprain/strain, bilateral carpal tunnel syndrome; severe depression, uncontrolled hypertension, headaches, erectile dysfunction, and sleep disorder. There is a document from 10/23/13 that is titled: Record Review and Report to Assist Employee with Review of Medical Treatment Request by [REDACTED]. In this document [REDACTED] states that he is appealing the modified 9/27/13 and noncertification from 10/18/13 for the Lidoderm patches. He states that patient continues to have 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 is currently being prescribed Lyrica, which has improved his neuropathic pain by approximately 30%. Higher doses have not been possible, as they have led to significant daytime drowsiness. The patient had previously trialed Gabapentin and Cymbalta and both were discontinued secondary to significant side effects including daytime drowsiness and GI symptoms. As the patient does have a positive response to Lyrica, but it is less than adequate, he was on a trial of Lidoderm Patches. The patient found that his pain levels improved an additional 20% with the addition of Lidoderm Patches. The patient now rates his improvement at 50% with the combined use of Lyrica and Lidoderm 5% Patches. This improvement is specifically related to his neuropathic pain. The patient notes improved ability to sleep with the use of the medication and previously the severe

burning pain kept him awake at night. He also notes improved ability to walk. He feels that he can walk 50% farther with the combined use of these medications. The patient also finds better ability to perform activities of daily living including light housekeeping, cooking, and caring for himself. A 9/10/13 document from document states that the patient has failed Cymbalta for neuropathic pain and remains on it for depression. He has found Lyrica of limited benefit. He has been unable to titrate the higher doses secondary to symptoms of drowsiness. Per the 5/6/13 office note by [REDACTED] the patient was prescribed: 1. Kadian 20 mg q.12h. 2. Zanaflex 4 mg b.i.d. 3. Lyrica 150 mg b.i.d. 4. Laxacin two tablets t.i.d. 5. Lidoderm Patches, two per day. 6. Omeprazole 20 mg b.i.d. 7. Percocet 10/325 mg t.i.d. by his office and the patient was on the following medications from [REDACTED]: 1. Ambien CR 12.5 mg q.h.s. 2. Cymbalta 60 mg q.d.; 3. Abilify. His physical exam on this date revealed that he was awake, alert, appropriate, sitting in mild-to-moderate discomfort. He is utilizing one point walking cane for ambulation. He ambulates in a slow and labored manner. His lumbar spine exam revealed that there is tenderness in the midline lumbar spine from T11-L4 and there is mild tenderness in the bilateral paralumbar musculature with mild spasm noted. The lumbar spine range of motion was reported as: Flexion is 5 degrees, extension is 5 degrees, right lateral flexion is 5 degrees, and left lateral flexion is 5 degrees. On lower extremity exam: The patient has a positive straight leg raise exam on the left at 50 degrees. Muscle Testing: Anterior tibialis left 5/5, right 5/5; peroneus longus/brevis left 4/5, right 5/5; and extensor hallucis longus left 4/5, right 5/5. Sensory Exam: Hypesthesia in the left L5 and S 1 dermatomes. Reflex Testing: Patellar reflex 2+ and symmetrical bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm® (lidocaine patch)

Decision rationale: Lidoderm Patch 5% is medically necessary per MTUS guidelines. There is evidence that patient has had trials of oral first line therapy for neuropathic pain including Cymbalta (which failed for neuropathic pain) and he gets some benefit from Lyrica but is limited from increasing the dose. There is evidence of functional improvement on the Lidoderm Patch. For these reasons Lidoderm 5% patches are medically necessary.