

Case Number:	CM13-0046114		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2005
Decision Date:	04/25/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 expert 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 is a 55-year-old female who sustained a back injury on Jan 11, 2005 while picking up a box when she twisted her low back and immediately caused her low back pain. The pain has been ongoing since the date of injury, but she is able to work performing cleaning services eight hours a day, five days a week. This was gleaned from the medical records from [REDACTED] dated 10/10/2012 in which she was utilizing Lidoderm patches to assist in her pain management. A follow up appointment at the same facility dated 2/15/13 documents nearly identical findings regarding the patient's history and her work environment. However, she states that her functional activity decreased by 70% at home and is unable to perform certain activities required of her at work, predominately she is unable to lift, carry or move boxes. The patient has the diagnoses of L5 radiculopathy, lumbar spondylolisthesis without myelopathy, myofascial pain syndrome and generalized deconditioning. She has undergone a series of epidural steroid injections to address her pain which was not successful in addressing her pain complaint. She has undergone a functional restoration program to regain functionality, of which she was successfully weaned for narcotic pain medications and regained a considerable amount of functionality. On her re-evaluation appointment on 10/18/2013 by [REDACTED], it is documented that 'the patient was able to come off of all opioid medications and Lyrica Final Determination Letter for IMR Case Number CM13-0046114 3 along with Lidoderm patches. The patient continued to have low back pain, but she is medication-free'; following the 4-week stay under the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LIDODERM PATCHES 5%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: Lidoderm® topically may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an automated external defibrillator (AED) such as Gabapentin or Lyrica. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The guidelines are specific concerning the criteria for use of Lidoderm patches: 'recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy'. However, the patient was never given the option, per her medical documented provided from [REDACTED], and has been simultaneously utilizing Lyrica and Lidoderm patches. It is documented that the Lyrica was discontinued as medical documentation did not support its use, not as a result of failure to respond to the medication. Additionally, the patient was successfully weaned from use of all opioid medications, Lyrica and Lidoderm patches through the functional restoration program, as documented on the progress note from [REDACTED] dated 10/18/2013. The continued use of the Lidoderm patches is not medically necessary.