

Case Number:	CM13-0053400		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2001
Decision Date:	07/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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:

The injured worker is a 52-year-old female who reported an injury on 06/22/2001. The mechanism of injury was not provided. The clinical note dated 11/11/2013 noted the injured worker presented with complaints of low back pain that radiated down the posterior and lateral aspects of bilateral lower extremities and pain in her thighs, neck, elbow, and bilateral hands. Prior treatments included going to the gym, swimming, and medications. Upon examination, the range of motion values for the cervical spine were 60 degrees of flexion, 60 degrees of extension, 15 degrees of left lateral flexion, 15 degrees of right lateral flexion, 60 degrees of left lateral rotation, and 60 degrees of right lateral rotation. The lumbar range of motion values were 20 degrees of flexion, 60 degrees of extension, 5 degrees of extension, 5 degrees of left lateral flexion, 5 degrees of right lateral flexion, 10 degrees of left lateral rotation, and 10 degrees of right lateral rotation. There was a positive straight leg raise bilaterally at 40 degrees. The injured workers sensation was normal. The diagnoses were degenerative disc disease to the lumbar spine and degenerative disc disease to the cervical spine. The provider recommended Lidoderm 5% patch with a quantity of 90 and an upright MRI of the spine due to the injured worker having severe claustrophobia. The rationale was not provided within the request. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LIDODERM 5% PATCH #90 BETWEEN 10/11/13 AND 12/20/13:
Upheld

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

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

Decision rationale: The request for 1 prescription of Lidoderm 5% patch with a quantity of 90 between 10/11/2013 and 12/20/2013 is non-certified. The California MTUS Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. This is not a first line treatment and it is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Formulations that do not involve a dermal patch system are generally indicated as local anesthetic and antipruritics. The included medical documents lack evidence of a failed trial of first line therapy to include tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. The injured worker has been prescribed Lidoderm since at least 10/11/2013, and there is a lack of evidence of significant functional improvement to include a decrease of pain and increase of function. There is lack of a complete and adequate pain assessment for the injured worker. The provider's request does not indicate the dose, frequency, or the site that the patch is intended for. As such, the request is not medically necessary and appropriate.

1 UPRIGHT MRI OF THE LUMBAR SPINE BETWEEN 10/11/13 AND 12/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are an emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in any strengthening program, intending to avoid surgery and clarification of an anatomy prior to an invasive procedure. The medical documents provided lack evidence of the injured worker's failure to respond to conservative care treatment, which would include physical therapy and medication. There is no indication in the medical documents of a red flag or physiological evidence of a tissue insult. The documentation revealed that the injured worker had a positive straight leg raise. As such, the request is not medically necessary and appropriate.

