

Case Number:	CM13-0067520		
Date Assigned:	01/03/2014	Date of Injury:	02/10/2004
Decision Date:	04/15/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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, 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 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 patient is a 57-year-old female who was injured on 2/10/2004 while attempting to catch a falling patient who has history of lower back pain and disc protrusion. Prior treatment history has included physical therapy. The patient underwent discectomy/laminectomy at L4-L5 in July of 2006. The current medications include: 1. Lortab 10/500 qid 2. Zanaflex 4 mg q.h.s 3. Lactulose solution 4. Lidoderm patches 5% 5. Biofreeze roll-on gel 2 a month 6. Lunesta 3 mg 1 hs The diagnostic studies reviewed include MRIs (magnetic resonance imaging) on 07/18/2008 showing multilevel degenerative disc disease and varying degrees of both central spinal canal and neuroforaminal stenosis. The progress note dated 09/04/2013 documented the patient to have complaints of ongoing low back pain with radiating symptoms down the left lower extremity. The medications help her remain active and carry out exercise and activities of daily living. Without medications her back pain is about a 7/10. With medications it is a 4/10 to 5/10. She is tolerating the medications well with no major side effects. The current medications: 1. Lortab 10/500 qid 2. Zanaflex 4 mg q.h.s 3. Lactulose solution 4. Lidoderm patches 5% 5. Biofreeze roll-on gel 2 a month 6. Lunesta 3 mg 1 hs The progress note dated 10/30/2013 documented the patient with complaints of continuing pain in her low back with radiating symptoms down the lower extremities. Lidoderm patches were helpful quite a bit. Lortab had been working. The Current medications: 1. Lortab 10/500 qid 2. Zanaflex 4 mg q.h.s 3. Lactulose solution 4. Lidoderm patches 5% 5. Biofreeze roll-on gel 2 a month 6. Lunesta 3 mg 1 hs Objective findings with no significant change. The discussion/Plan: 1. Try small dose of Effexor XR 37.5 mg at nighttime to see if this helps with her neuropathic pain. For the patient to use Lidoderm patches she has to fail anticonvulsant or antidepressant, neuropathic pain medications. 2. She would rather use the Lidoderm patches but she does not mind trying other medications if they will be effective. 3. She was given refills of other medications as they have been helpful. She is staying

active and functional. The addendum report dated 09/17/2013 regarding the denial for Lidoderm patches; the provider plan to have the patient try either Neurontin, Lyrica or antidepressants to see if the patient responds to other first line agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, QTY: 30 WITH 2 REFILLS: Upheld

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

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

Decision rationale: The CA MTUS guidelines state Lidodermis is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. Topical lidocaine is not a first-line treatment, it 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 inhibitors (SNRIs) anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica. The medical records do not establish this patient has post-herpetic neuralgia. Of note, there lacks documentation in the medical records that establishes localized peripheral pain having failed first-line therapy, to support consideration of topical lidocaine. In addition, the medical records demonstrate the patient has been using Lidoderm patches in addition to several other medications, however, the medical records do not establish clinically significant objective improvement as a result of continued utilization of this product. Therefore, the medical necessity Lidoderm Patches 5% Qty 30 with 2 refills of has not been established.