

Case Number:	CM13-0070347		
Date Assigned:	01/03/2014	Date of Injury:	11/23/2004
Decision Date:	08/07/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 and Washington. 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 60-year-old male who reported an injury on 11/23/2004. The mechanism of injury was not provided. On 08/21/2013, the injured worker presented with complaints of intermittent low back pain. Upon examination, the injured worker had difficulty walking, changing positions, and getting onto the examination table. The injured worker's motion was restricted and caused painful symptoms. There was guarding with motion and muscle spasm present with an antalgic gait. The diagnosis was status post laminectomy/discectomy L3-4 to the right. Prior treatment included medications. The provider recommended Lidoderm patches, 1 to 3, for low back. The provider stated that the injured worker is tolerating the patches well, continues to be effective for low back pain, increases his activity level, and reduces pain level. 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:

LIDODERM PATCHE 5%, 1 - 3 FOR LOW BACK: Upheld

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

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

Decision rationale: The request for Lidoderm patch 5%, 1 to 3 for low back is not medically necessary. The California MTUS states that Lidoderm is the brand name for Lidocaine patch. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritic. As the injured worker does not have a diagnosis that is congruent with the guidelines recommendations of Lidocaine patch, the patch would not be indicated. Additionally, the included medical documentation does not indicate that the injured worker had failed a trial of first line therapy. Also, the provider's request does not indicate the quantity of the Lidoderm patches being requested. As such, the request is not medically necessary.