

Case Number:	CM13-0072477		
Date Assigned:	01/08/2014	Date of Injury:	05/28/1999
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 66-year-old female with date of injury 05/28/1999. According to the treating physician's report 12/18/2013, listed diagnoses are displacement of intervertebral disk, lumbar spine, medial epicondylitis, and low back pain. The patient presents with low back and lower extremity pain, status post lumbar spine surgery after industrial injury. Patient had an ESI with 50% to 60% relief of the leg pain. Patient has been using Lidoderm patches with good relief, but the generic form is not sticking very well. The patient has been taking medications as prescribed, but had to pay for the medication last time she picked them up. Current medications include Compazine, Zantac, potassium chloride, Cyclobenzaprine, Metformin, Hydrochlorothiazide, Humalog, Lidocaine topical 5% ointment, lisinopril, Zocor, Doxepin, Lidocaine 5% patches, Norco. Review of the reports shows that there is an RFA dated 08/13/2013 for Dendracin cream. Review of 08/27/2013 report shows that the patient has 8/10 pain in the low back, functionality in the morning is almost 0 and has her husband to do everything for her, and can only sit on the couch until it begins to move. Patient takes pain medication as soon as she gets up, but they do not work as well as before, and she has only suboptimal relief of that. The current list of medications includes lidocaine topical 5% and Dendracin cream along with other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCHES #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, pages 57-57. Page(s): 56, 57, 112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines provide specific discussion regarding topical products. For Lidoderm patches, it is indicated for "peripheral, localized pain." More specifically, it is indicated for neuropathic pain that is local and peripheral. In this patient, while the patient has radiating symptoms down the lower extremity; the Lidoderm patches are used for the patient's low back pain and not for diffuse radicular symptoms down the lower extremity. In this case, Lidoderm patches would not be indicated and not supported by MTUS Guidelines. The request for Lidoderm patches 5% # 90 is not medically necessary and appropriate.