

Case Number:	CM14-0001155		
Date Assigned:	01/22/2014	Date of Injury:	04/05/2006
Decision Date:	04/29/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 & Rehabilitation, 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:

The patient is a 63-year-old male with date of injury of 04/05/2006. The listed diagnoses per [REDACTED] dated 10/29/2013 are: 1. Lumbar spondylosis without myelopathy 2. Opioid-type dependence, continuous pattern abuse 3. Primarily localized osteoarthritis, other specific sites 4. Thoracic lumbosacral neuritis, radiculitis unspecified 5. Displacement lumbar intervertebral disk without myelopathy According to the progress report dated 10/29/2013, the patient complains of pain in his lower back. He states his pain is 8/10 and describes it as constant, deep, throbbing with intermittent sharp shooting sensations. He also complains of pain to his right hip and describes it as constant, deep, achy, and throbbing. He states that the pain in his hip and lower back is decreased with medication and rest and he continues to use oral Ultracet with Neurontin to decrease the severity of pain in his lower back and hip. The patient denies any adverse reactions or side effects and no euphoria or dysphoria. The physical examination shows, the patient is alert and oriented. Gait is independent, possibly antalgic. There is no pelvic obliquity. Cervical range of motion is 90 degrees rotation. Shoulder range of motion is 0 to 180 bilaterally. His medications include Ultracet, Zanaflex and gabapentin. The treater is requesting lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lidocaine #90 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with low back pain. The treater is requesting lidocaine. The utilization review dated 12/20/2013 denied the request stating that claimant continues to have an 8/10 pain level in the back and his condition has not improved significantly. The MTUS Guidelines page 56 and 57 on Lidoderm patches recommended topical lidocaine for localized peripheral pain after there has been evidence of a trial or first line of therapy (tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica). The progress report dated 12/05/2013 by [REDACTED] documents that the patient was prescribed Voltaren gel as well as some Lidoderm patches in replacement for Duraflex cream. While this patient presents with radicular pain with positive SLR, a neuropathic condition, there is no indication that Lidoderm is being used for radicular pain. It seems to be used for low back pain, which is not neuropathic. MTUS allows Lidoderm for neuropathic pain that is peripheral and localized. It is not recommended for musculoskeletal pain condition such as low back pain. Recommendation is for denial.