

Case Number:	CM14-0003134		
Date Assigned:	01/31/2014	Date of Injury:	01/18/2012
Decision Date:	08/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/09/2014

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 Emergency Medicine, has a subspecialty in 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 reported an injury on 1/18/2012. The mechanism of the injury was not provided. The patient has a diagnosis of L4-5 disc herniation with annular tear, at L3-4 and L5-S1 with broad based disc protrusion, lumbar facet hypertrophy and L4-5 radiculopathy. The last medical reports were reviewed until 1/8/14. The patient complains of low back pain and left lower extremity pains. The pain reportedly improved after epidural steroid injections. The patient reported pain as 7-9/10. Objective exam reveals normal gait, positive L side straight leg raise. Tenderness to lumbar facets on L side with positive facet loading on L4 and L5. MRI of spine supports diagnoses but the full report was not provided for review. There were no electrodiagnostic test reports provided for review. The current list of meds is as follow: Axid, Flexeril, Lidocaine patch, Norco, Topamax, Voltaren, Zofran, Gabapentin, Omeprazole and ibuprofen. The patient has reported prior acupuncture, TENS, physical therapy and prior epidural steroid injections. The independent Medical Review is for Topical Lidocaine patch 5% #60 with 2refills. Prior UR on 12/13/13 denied request. The UR report states that topical lidocaine was claimed to provide relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL LIDOCAINE PATCH 5% SIG DAILY QUANTITY 60 REFILLS 2: 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
Lidoderm(lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. There is report that lidocaine patch improves pain but there is no objective documentation of this improvement. Therefore, the request for Lidocaine patch is not medically necessary.