

Case Number:	CM14-0006313		
Date Assigned:	03/03/2014	Date of Injury:	04/27/2012
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old female who has submitted a claim for contusion multiple sites, lumbar radiculopathy, and chronic low back pain; associated from an industrial injury date of 01/08/2014. Medical records from 08/13/2013 to 01/22/2014 were reviewed and showed that patient complained of low back pain, graded 5-8/10, radiating to the right lower extremity. Physical examination showed minimal tenderness over the lumbar paraspinal muscles. Lumbar spine range of motion was limited to pain at end of rotation. External rotation of the shoulder was limited to 15 degrees. Sensation to light touch was increased over the right anterior thigh, and decreased over the rest of the right lower extremity. Muscle testing was 5/5 in the bilateral lower extremities. EMG/NCV (Electromyography/ Nerve Conduction Velocity), dated 12/17/2013 revealed an abnormal electrodiagnostic study of the right upper extremity. Treatment to date has included physical therapy, Vicodin, Motrin, Lidoderm patch, and Levothyroxine. Utilization review, dated 01/08/2014, denied the request for Lidoderm patch because there was no documentation of previous trials of first-line medications for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% QTY: 30: 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, 56-57

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 112-113.

Decision rationale: As stated on pages 111 to 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin and Norepinephrine Reuptake Inhibitor anti-depressants or Antiepileptic Drugs such as gabapentin or Lyrica). In this case, the patient has been prescribed Lidoderm patch since 12/17/2013. She complained low back pain radiating to the right lower extremity. Progress report from 08/15/2013 cited that Cymbalta and Lyrica were recommended. However, it is unclear due to lack of documentation if patient had tried and subsequently failed first-line therapy. Therefore, the request for Lidoderm patch 5% QTY 30 is not medically necessary.