MAXIMUS Federal Services

Case Number:	CM14-0006510		
Date Assigned:	02/07/2014	Date of Injury:	02/12/2003
Decision Date:	07/21/2014	UR Denial Date:	01/03/2014
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 Physical Medicine and Rehabilitation 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 57-year-old male who has submitted a claim for chronic and persistent low back pain, status post L4-S1 interbody fusion, associated with an industrial injury date of February 12, 2003Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/15/2014, showed persistent low back pain radiating into the lower extremities. He described it as hot, electrical, burning pain in the left lower extremity. There was worsening of symptoms with weight-bearing activities. Physical examination revealed ambulation in a slow and labored manner with utilization of a walking cane. There was tenderness in the midline lumbar spine from T11 to L4. There was mild tenderness in bilateral paralumbar musculature with mild spasms. Lumbar spine range of motion was restricted. Straight leg raise exam was positive on the left extremity. Sensory exam revealed hypesthesia in the left L5 and S1 dermatomes. Achilles reflex was trace on the left and +1 on the right.Treatment to date has included L4-S1 interbody fusion (02/17/2006), aquatic therapy, physical therapy, and medications which include Lidoderm 5% patch since June 2013.Utilization review from 01/03/2014 denied the request for the purchase of Lidoderm 5% patches because the treating physician has not articulated in the report whether the patient failed trials of antidepressants and anticonvulsants. A prior request for the said medication was non-certified. The present request did not meet the threshold for medical necessity; moreover, the present request did not provide any substantive and compelling medical evidence sufficient to controvert the prior non-certification of a request for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to pages 56-57 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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). In this case, record showed earliest evidence of Lidoderm patch usage since June 2013. A progress report, dated 01/15/2014, showed both functional improvement as well as improvement in pain with his current medication regimen which includes Lyrica. The patient denies any intolerable side effects. However, there was still persistence of neuropathic pain. The medical necessity for adjuvant lidocaine patch has been established. However, the quantity of the requested medication was not specified. The request is incomplete. Therefore, the request for Lidoderm 5% patches is not medically necessary.