

Case Number:	CM14-0006957		
Date Assigned:	02/07/2014	Date of Injury:	12/31/2001
Decision Date:	06/23/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/18/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 68-year-old male who injured his back on 12/31/01. Since his injury, he has been experiencing chronic back pain that also later involved radiation, numbness and cramping of his left leg. He was diagnosed with chronic low back pain and later postlaminectomy syndrome of the lumbar region. He has been treated with opioids, muscle relaxants, Lidoderm patches, back surgery (laminectomy), and physical therapy. The oral pain medications and muscle relaxants were reported by the worker as being helpful for the pain, but the patient's ability to walk was reportedly limited to "less than 1 block" even with the use of the oral and topical medications. The worker showed interest in weaning down on his opioid medication use on 12/19/13. No note was seen in the documents provided dating the beginning of the Lidoderm use by the worker, nor any record of any other medications the worker may have used and discontinued prior to starting Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH #90 WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56.

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

Decision rationale: The Chronic Pain Guidelines indicate that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic, serotonin norepinephrine reuptake inhibitor (SNRI) anti-depressants, or an anti-epileptic drug (AED), such as gabapentin or Lyrica. In the case of this worker, the Lidoderm patch was used at least since 1/17/2013, according to the documents provided, but no previous records were available for review. No evidence of any prior trials of any of the first-line oral therapies for neuropathic pain was identified, and without evidence of failure of each of these medications with documented functional improvement with Lidoderm use, the Lidoderm 5% patch #90 with one (1) refill is not medically necessary.