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| Case Number: | CM14-0109722 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 04/01/2011 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 Internal Medicine 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 injured worker is a 41 year old male injured on 04/01/11 as a result of repetitive activity while driving a dump truck, truck and trailer, flatbed truck, and forklift. Diagnoses included lumbar degenerative disc disease and left lumbar radiculopathy. Clinical note dated 01/30/14 indicated the injured worker presented complaining of ongoing low back pain with associated numbness and tingling extending to the left leg in the evenings and with lengthy standing. The injured worker reported utilization of medications in the evening which provided allowance to perform activities of daily living and work functions. The pain rated pain 4/10 with medications and 8/10 without. The injured worker also had history of lumbar epidural steroid injection approximately two years prior with 90% benefit lasting approximately nine months. Medications included naproxen, omeprazole, cyclobenzaprine, tramadol ER, Norco, and Lidoderm patch. Physical examination revealed tenderness over the left L5-S1 facet joints, left sacroiliac joint tenderness, positive facet loading on the left, negative sacroiliac joint loading maneuvers, decreased range of motion of lumbar spine, positive straight leg raise test on the left, decreased sensation to light touch and pin prick in the left L5-S1 dermatomal distribution, 4+/5 strength on the left. EMG on 01/15/14 was within normal limits with no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy, or generalized peripheral neuropathy. Cures report was consistent. Prescriptions for Docuprene, tramadol, naproxen, omeprazole, and hydrocodone/acetaminophen provided. The initial request for Lidoderm patches one box #30 was non-certified on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 1 Box #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm Patches 1 Box #30 is not medically necessary as it does not meet established and accepted medical guidelines.