

Case Number:	CM14-0011853		
Date Assigned:	02/21/2014	Date of Injury:	09/27/2004
Decision Date:	08/07/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational 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:

This is a 49-year-old female with a 09/27/2004 date of injury. The mechanism of the injury was not described. The patient was seen on 06/27/2011 with complaints of pain in the lower back. A prior MRI showed minor nerve root impingement secondary to L4-L5 disc protrusion. However, the evaluating physician stated, that there was lack of true neurologic dysfunction and that the patient exhibits significant symptom magnification and is not a good surgery candidate. The patient was seen on 04/30/2013 and it was noted that she uses Valium, Tramadol, SOMA and Flexeril. The patient suffers from anxiety and it was noted, that she should get psychiatric help. On 8/27/13 the patient complained of neck and low back pain with radiation to the left lower extremity and left arm. A urine drug test from 11/11/13 was positive for Benzodiazepine, Methadone and Oxycodone. The progress note from 1/10/2014 states that the patient uses Gabapentin, Flexeril, Zoloft, multiple anti allergy medications, and asthma medication. The patient complained of lower back pain, which reaches 9/10 without medication and 5/10 with medication respectively. With medication she is able to get dressed and do minimal activities and without the medication she stays in bed all day and feels hopeless and helpless about life. Exam findings included tenderness to palpation at the left SI joint, depressed mood and anhedonia. Neurological exam was intact. The diagnosis is degenerative lumbar sprain with minor L5 nerve impingement, low back pain and SI joint sprain. Treatment to date: multiple medications and epidurals. An adverse determination was received on 01/17/2014 given the patient using the Lidoderm patch for her lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%, 700 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The patient tried first line therapy medication (gabapentin), however she does not have evidence of neurological pain. The previous request was denied by UR, because the patient wanted to use the patch in the lumbar area, which was not supported by MTUS Guidelines. This patient has subjective pain down her left arm and the lower extremities. However, her MRI findings revealed a minor abutment of the L5 nerve root. However, there was no rationale regarding the use of these patches (i.e. for peripheral pain or axial skeletal pain), and a lack of documentation with regard to efficacy of its use. Therefore, the request for Lidoderm 5%, 700 mg#6 was not medically necessary.