

Case Number:	CM14-0014612		
Date Assigned:	02/28/2014	Date of Injury:	02/12/2003
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 & 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:

According to the records made available for review, this is a 57-year-old male with a 2/12/03 date of injury. At the time (12/17/13) of request for authorization for Lidoderm 5% patches, there is documentation of subjective (low back pain radiating to both lower extremities) and objective (restricted range of motion, weakness in the peroneus longus and extensor hallucis longus, and diminished reflexes in the Achilles) findings. The current diagnoses include chronic and persistent low back pain status post L4-S1 inter-body fusion 2/17/06. The treatment to date includes medications including Lidoderm 5% patches and Lyrica. The medical report identifies that the patient notes functional improvement and improvement in function by 50% with current medications, where he is able to increase activities of daily living. There is no documentation of failure of a trial of first-line therapy (an anti-epileptic drug (AED) (Lyrica)).

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 LIDODERM PATCHES,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Lidoderm (lidocaine patch), Page(s): 56-57. Decision based

on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic and persistent low back pain status post L4-S1 inter-body fusion 2/17/06. In addition, there is documentation of neuropathic pain. Furthermore, there is documentation of ongoing treatment with Lidoderm 5% patches and functional benefit as an increase in activity tolerance as a result of Lidoderm 5% patches use. However, given documentation of ongoing treatment with Lyrica with documented functional benefit, there is no documentation of failure of a trial of first-line therapy (an AED (Lyrica)). Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% patches is not medically necessary.