

Case Number:	CM14-0018990		
Date Assigned:	04/23/2014	Date of Injury:	06/29/2011
Decision Date:	07/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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 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:

The patient is a 40-year-old male who has submitted a claim for lumbar facet syndrome, L4-5 disc disease with annular tear, L5-S1 protrusion, cervical myofascial pain, and thoracolumbar strain associated with an industrial injury date of June 26, 2011. Medical records from 2011-2014 were reviewed, the latest of which dated March 5, 2014 revealed that the patient complains of neck and low back pain. He continues to be able to work under modified duty. He rates his pain as 6/10. He has 45-minute sitting, 15-minute standing and 30-minute walking tolerance. On physical examination, the patient has 5/5 strength in bilateral lower extremities with normal sensation. Treatment to date has included epidural steroid injections, TENS, physical therapy, work hardening, lumbar radiofrequency ablation, modified duty, acupuncture, home exercise program, and medications which include Soma, Aleve, Vicodin, Norco, Celebrex, Cyclobenzaprine, Terocin and lidocaine patch. A utilization review from February 4, 2014 denied the request for Lidoderm patch 5% qty. 60 because there was no report of failed trials of first-line recommendations and compounded product that contains at least one drug that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% QTY. 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 56-57.

Decision rationale: According to pages 56-57 of the MTUS Chronic Pain Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy; however, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, Lidoderm was prescribed since May 20, 2013 for neck and low back pain. Medical records submitted and reviewed did not show evidence that the patient had tried, and failed first-line therapy. There is no note concerning intolerance to oral medications, which may support the use of a transdermal product. There is likewise no documented response from its use. Therefore, the request is not medically necessary and appropriate.