

Case Number:	CM14-0019698		
Date Assigned:	04/28/2014	Date of Injury:	02/21/2012
Decision Date:	08/05/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine and 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:

The injured worker is a 58 year old male with a reported date of injury on 02/21/2012. The injury reportedly occurred when the worker was lifting boxes. The injured worker complained of intermittent mild-moderate low back pain. The injured worker received L4-L5 and L5-S1 facet joint injections on 11/6/2012, with 50% pain relief for approximately 8 weeks. An MRI performed on 11/11/2013 revealed mild central spinal canal narrowing and significant L5-S1 neural foraminal narrowing. According to the clinical note dated 08/12/2013, 09/24/2013 and 11/15/2013 the injured worker's lumbar spine range of motion was reported as right and left lateral flexion to 25 degrees, right rotation to 80 degrees and left rotation to 45 degrees, extension to 35 degrees and flexion to 45 degrees. According to the clinical note dated 01/16/2014, the injured worker rated his pain at 6/10 without medication and 2/10 with medication, (ice, heat and the use of TENS unit). According to the clinical note dated 02/20/2014 the injured worker received an SI joint injection on 06/03/2013 that provided relief until recently and has aided in increased functioning and his ability to stay off medications stronger than Ibuprofen. The injured worker's diagnoses included insomnia, facet arthropathy, hypertension, lumbar sprain/strain, gout, sacroiliitis, arthropathy, spondylosis, chronic pain, lumbosacral radiculopathy and anxiety. The injured worker's medication regimen included Ibuprofen, Lidoderm, Misoprostol and aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% (700 MG/PATCH) QTY. #30 X 2 REFILLS: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The Lidoderm Patch is not first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The clinical notes provided for review lack documentation related to a history of tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica use, by the injured worker. According to the clinical note dated 01/16/2014 the injured worker rated his pain at 2/10 with the use of medication, ice, heat or the TENS unit. The request for Lidoderm patches does not meet the recommended guidelines. Therefore, the request for Lidoderm patch 5% (700mg) is not medically necessary.