

Case Number:	CM14-0111502		
Date Assigned:	08/01/2014	Date of Injury:	04/29/2008
Decision Date:	10/06/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/17/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 41 year old employee with date of injury of 4/29/2008. Medical records indicate the patient is undergoing treatment for chronic low back pain. Subjective complaints include tapered opioids caused her to have decreased functional ability. She is very functional on medications. Patient was having difficulty sleeping so she uses Trazadone for sleep. She complains of low back pain that radiates to both extremities. Her pain level will come down from an 8-9/10 to a 6/10 with medication. Objective findings include diminished reflexes of both patella and Achilles is 2+. An MRI on 8/2012 shows a sacralized L5 segment, annular tear at L4-5 with central disc, left foraminal disk at L2-3, and bilateral foraminal stenosis at L4-5 with underlying retrolisthesis. Treatment has consisted of Trazadone, Lidoderm, OxyContin, Percocet and Neurontin. The utilization review determination was rendered on 7/1/2014 recommending non-certification of for Lidoderm (Lidocaine Patch 5%) quantity: 60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) quantity :60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 18,78. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical)

Decision rationale: Chronic Pain Medical Treatment Guidelines state, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritic. For more information and references, see Topical analgesics." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for Lidoderm 5% patches is not medically necessary.