

Case Number:	CM14-0134986		
Date Assigned:	08/27/2014	Date of Injury:	11/15/2002
Decision Date:	11/13/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Therapy and Rehabilitation, has a subspecialty in Interventional Spine 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 64 year old female with an injury date of 11/15/02. The 07/10/14 report by ■■■ states that the patient presents with a flare up of stabbing like pain in the left side of her back shooting down her left leg. Back pain is rated 9/10. She also present with left knee pain rated 8/10 and right knee pain rated 7/10. Best pain is rated 5/10 with medications and 10/10 without. The patient ambulates with a limp with the left lower extremity. Examination of the lower back reveals limited range and palpation shows muscle spasm in the lumbar trunk with loss of lordotic curvature. Right and left Straight Leg Raise causes left side back pain radiating into the left buttock and posterior thigh. There is sensory loss to light touch and pinprick at the left lower calf and bottom of the foot. Examination of the bilateral knees shows swelling in the left knee more than the right with painful patellar compression in both knees. The patient's diagnoses include: Lower back pain, history of laminectomy at L5-S1 with chronic back pain and left radicular symptoms, cervical sprain/strain with severe spondylosis with cervicogenic headaches, bilateral knee pain. History of left knee arthroscopy x2, right knee arthroscopy x2, with chronic DJD and knee pain, bilateral carpal tunnel releases, trigger finger, De Quervain's tenosynovitis, related to a separate claim of both hands. Medications are listed as Norco, Lidoderm patches, Thera Care patches, Flexeril, Ibuprofen and Ambien. The utilization review being challenged is dated 07/28/14. Reports were provided from 02/28/14 to 07/1014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% 2 daily \$60: Upheld

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

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, Lidoderm Patches.

Decision rationale: The patient presents with back pain radiating down the left leg rated 9/10 and bilateral knee pain rated 7-8/10. The provider requests for Lidoderm Patch 5% 2 daily 60. The reports provided show she has been using this medication since at least 02/28/14. MTUS Lidoderm (Lidocaine patch) pages 56, 57 have the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. The provider states on 07/10/14 that the patient reports 50% functional improvement of activities of daily living (ADLs) with use of medications. Listed medications include Lidoderm Patches, and the provider states it is used for neuropathic burning pain. The reports provided do not state the body parts to which the patches are applied. On 02/28/14 the provider states this medication is for "... neuropathic burning pain in her back." In this case, it is not documented that the medication is used for peripheral, localized, neuropathic pain per ODG. Back is not peripheral and Lidocaine is not recommended for axial back pain. Recommendation is for denial.