

Case Number:	CM14-0138871		
Date Assigned:	09/05/2014	Date of Injury:	09/21/2002
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 66 year old male who reported an injury on 09/21/2002. The injury reportedly occurred when he was backing out a trailer on a forklift, hit a dock plate which caused him to stop suddenly resulting in back pain. His diagnoses were noted as lumbago, degeneration of lumbar or lumbosacral intervertebral disc, muscle pain, chronic pain syndrome, and lumbar post-laminectomy syndrome. The past treatment included medication, injections, and physical therapy. His diagnostic studies included urine toxicology screenings, an MRI done in April of 2002 was noted to demonstrate degenerative disc changes, an MRI of the low back done on 01/18/2003 that was noted to show diffuse disc space narrowing and disc dessication with borderline bulging of the disc posteriorly at L1-2 and L3-4. His surgical history included a total knee replacement. On 07/10/2014, the injured worker complained of pain to his low back and right leg. He rated the pain as a 9/10 as a VAS without medications and rated it a 1/10 with medications. Upon physical examination, the injured worker was noted to have an antalgic gait, increased pain with flexion and extension, with no muscle weakness or decreased sensation. The current medications were listed as Lidocaine, Oxycodone, and Norco. The treatment plan was to continue his current regimen, a urine toxicology screening, and a prescription for Oxycontin, Norco, and Lidoderm patches. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine (Lidoderm) 5% patch: Upheld

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

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

Decision rationale: The request for Lidocaine (Lidoderm) 5% patch is not medically necessary. The California MTUS Guidelines state that Lidocaine 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. The injured worker was noted to have low back pain and increased pain upon range of motion, however, the pain was not related to post-herpetic neuralgia. The guidelines do not recommend Lidocaine treatment for chronic neurologic pain disorders other than post-herpetic neuralgia which does not support the request. Therefore, the request is not medically necessary.