

Case Number:	CM14-0144071		
Date Assigned:	09/12/2014	Date of Injury:	09/12/2011
Decision Date:	12/04/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Medicine, and is licensed to practice in New York. 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 injured worker is reported to have sustained his injury on or about 9/12/11. Unknown mechanism of injury. He continued to experience low back pain. The member is reported to have not been working. He has had repeated evaluations and treatments by this provider. The member was reported as having TTP at the lumbar paraspinal muscles overlying the bilateral L4-5 and L5-S1 facets. Full and painless ROM was reported for the lower limbs. Motion in all directions was reported to be restricted for the lumbar spine. Maneuvers testing for discogenic pain and radiculopathy were reported to be negative in an evaluation 29 April 2014. Pain was felt to represent the result of facet arthropathy. A proposal was made for fluoroscopically guided bilateral L4-5 and L5-S1 medial branch blocks to evaluate the cause of the workers low back pain and see if it represented pain originating with the facets. If positive the plan was to perform bilateral radiofrequency nerve ablation. Medications at this time were reported to be Norco 10/325 mg tid prn and Ibuprofen 800 mg qid. The member was seen in follow-up 31 July 2014 to assess the impact of the branch blocks. At this visit the assessment was that the blocks had proved positive for the origin of the pain as facet in origin. The presumption, although not articulated at this visit, was that permission would now be sought to perform the radiofrequency nerve ablation. The Lidoderm patch appears to have been requested to provide relief for acute post rhizotomy procedural discomfort. The issue under review concerns the "Decision for Special Supplies Phy/QHP" specifically the Lidoderm Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111. Decision based on Non-MTUS Citation Manufacturers FDA Approved Insert

Decision rationale: The nature of the request for Lidoderm appears to have been to manage acute pain post rhizotomy per the visit dated 31 July 2014 recommendation item 3 "relief status post rhizotomy". These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. In the management of chronic pain topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. It is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. It therefore would not be indicated for use with non-neuropathic facet arthropathy pain nor in this request for acute post-procedure (rhizotomy) pain. The UR denial is sustained.