

Case Number:	CM14-0151777		
Date Assigned:	09/19/2014	Date of Injury:	07/22/2008
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine 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 a 53 year old male with an injury date of 07/22/08. Based on 08/13/14 progress report provided by [REDACTED], the patient complains of low back pain that radiates down his legs, neck and shoulder pain and headaches. Physical examination reveals decreased range of motion in all planes for the cervical and lumbar spine. Pain is rated 6/10. Patient is 6 days status post lumbar transforaminal epidural steroid injection at L3 with >50% improvement. Current medications include Hydrocodone, Relafen, Voltaren, Atripla, Hydrochlorothiazide and Lidoderm. Treater states that patient feels "pretty much normal" when he has Lidoderm patches in conjunction with the epidural. Patient awaits authorization for L4-L5 epidural injection. Diagnosis 08/13/14- lumbar disc with radiculitis- spinal stenosis, lumbar- acquired spondylolisthesis- cervical disc with radiculitis- myofascial pain- shoulder pain [REDACTED] is requesting Lidoderm patches 5% #30. The utilization review determination being challenged is dated 08/21/14. The rationale is "no documentation of failed trials of antidepressants and anticonvulsants." [REDACTED] is the requesting provider, and he provided treatment reports from 05/22/14 - 08/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112.

Decision rationale: The patient complains of low back pain that radiates down his legs. The request is for Lidoderm patches 5% #30. Patient is 6 days status post lumbar transforaminal epidural steroid injection at L3 with >50% improvement and awaits authorization for L4-L5 level. Progress report dated 08/13/14 states that epidural injection in conjunction to Lidoderm patches allows patient to feel normal. MTUS Page 112 states, "Lidocaine Indication: Neuropathic pain." Review of reports reveal diagnosis of lumbar disc with radiculitis without specific documentation of dermatomal distribution or mention that Lidoderm is being used for neuropathic pain. The request does not meet MTUS indication of use. Recommendation is for denial.