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| Case Number: | CM14-0175905 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 04/02/2006 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/20/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 52-year-old male with a 4/2/2003 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/22/14 noted subjective complaints of bilateral lower back and leg pain. He states that his functionality at home has decreased by greater than 50%. Objective findings included positive bilateral facet loading maneuvers. Diagnostic Impression: L5 radiculopathy, lumbar facet pain, myofascial pain syndrome. Treatment to Date: medication management, physical therapy, chiropractic therapy. A UR decision dated 10/20/14 denied the request for Lidoderm patches 5% #30 with 4 refills. Documentation notes that the patient has been utilizing Lidoderm patches long term, however, during the most recent evaluation, the patient reported greater than 50 percent decrease in function with continued pain. As the patient has been taking the medication without sufficient evidence of improvement in pain and/or function with use, continued use is not warranted. Treatment to Date: medication management, physical therapy, chiropractic therapy. A UR decision dated 10/20/14 denied the request for Lidoderm patches 5% #30 with 4 refills. Documentation notes that the patient has been utilizing Lidoderm patches long term, however, during the most recent evaluation, the patient reported greater than 50 percent decrease in function with continued pain. As the patient has been taking the medication without sufficient evidence of improvement in pain and/or function with use, continued use is not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5 Percent #30 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - Lidoderm

Decision rationale: CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, in the documents available for review, there is no clear documentation of failure of first line therapy with anti-depressants or AED. In fact, Gabapentin is on her current medication list. Additionally, there is no documentation of specific benefit derived from Lidoderm use. Furthermore, there is no specification of the location or duration of patch usage. Therefore, the request for Lidoderm patches 5 percent #30 with 4 refills is not medically necessary.