

Case Number:	CM14-0186140		
Date Assigned:	11/14/2014	Date of Injury:	02/20/2013
Decision Date:	12/22/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine 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 an injured worker with low back pain, lumbar radiculopathy, and lumbar facet arthropathy. Date of injury was 02-20-2013. The progress report dated 08-19-2014 documented subjective complaints of lumbar radiculopathy and low back pain. Past surgical history included exploratory abdominal surgery. Physical examination was documented. Examination of the lumbar spine notes no deformity. There is mild tenderness to palpation of the lumbar spine. There is moderate pain with lumbar extension and rotation to the right side over the L3-4, L4-5 and L5-S1 levels. Paraspinal musculature is terse and tender to palpation, right worse than lei. Straight leg raise is negative bilaterally. Strength testing and bilateral lower extremities is full. He has antalgic gait. MRI magnetic resonance imaging scan of the lumbar spine on May 1, 2013 noted degenerative changes of the lumbar spine. Diagnoses were lumbar radiculopathy and lumbar facet arthropathy. The progress report dated 09-22-2014 documented lumbar radiculopathy and lumbar facet arthropathy. Medication history included Cyclobenzaprine, Norco, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% adhesive patch, QTY: 60 (one refill): 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 (Lidocaine patch) Topical Analgesics Page(s): 56-57, 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The medical records do not document a trial of first-line therapy (tri-cyclic or serotonin and norepinephrine reuptake inhibitors anti-depressants or an antiepilepsy drug such as Gabapentin or Lyrica). Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm 5% adhesive patch, QTY: 60 (one refill) is not medically necessary.