

Case Number:	CM14-0020345		
Date Assigned:	05/02/2014	Date of Injury:	01/11/2005
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 and is licensed to practice in Texas and Ohio. 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 60-year-old female with a reported injury date on 01/11/2005; the mechanism of injury was not provided. Diagnoses include lumbar radiculopathy, spinal/lumbar degenerative disc disease, chronic back pain, disc disorder of the lumbar spine, and lumbar/lumbosacral degenerative disc disease. The clinical note dated 12/02/2013 noted that the injured worker had complaints that included low back pain rated 6/10. It was also noted that the injured worker had a reduction of 40% of symptoms following a transforaminal epidural steroid injection at L5-S1 on 11/19/2013. It was also noted that the injured worker expressed a reduction in pain from 9/10 to 6/10 and noted that she had been able to gain improved function. Upon examination of the cervical spine, it was noted spasms on the left paravertebral muscles and hypertonicity. Upon examination of the lumbar spine, it was noted that the range of motion was restricted and that there was tenderness to paravertebral muscles. It was also noted that there was positive lumbar facet loading on both sides, positive straight leg raising on the right side at 35 degrees, and reflexes were measured 1/4 at the ankle and the patellar. Additional exam findings included decreased sensation to light touch over the lateral foot, lateral calf, anterior thigh, lateral thigh on the right side. The request for authorization form for Lidoderm 5% patch was submitted on 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH QUANTITY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

Decision rationale: The California MTUS Guidelines state that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, such as tricyclic or SNRI antidepressants. The MTUS guidelines also state that Lidoderm is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is lack of evidence provided within the documentation that the injured worker has a diagnosis of postherpetic neuralgia which would benefit from the use of this requested medication. Additionally, there is lack of evidence provided that there is a trial of first line therapy prior to use of this requested medication. Therefore, the request for Lidoderm 5% patch, quantity 30 is not medically necessary and appropriate.