

Case Number:	CM14-0025219		
Date Assigned:	06/11/2014	Date of Injury:	08/15/2003
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported an injury on 08/15/2003. The mechanism of injury was not provided. The clinical note dated 01/14/2014 noted the injured worker presented with complaints of neck and low back pain. Prior therapy included surgeries and medication management. On exam, the bilateral hips revealed numbness, tingling, and weakness to the lower extremity and feet, numbness to the left side of the neck and shoulders, a positive Spurling's to the right, positive cervical facet loading. The cervical range of motion values were 40 degrees of flexion, 10 degrees of extension, 10 degrees of rotation bilaterally, and 10 degrees of side bending bilaterally. The lumbar range of motion values were 15 degrees of flexion, -5 degrees of extension, 5 degrees of left lateral bending, and 5 degrees of right lateral bending. Upon neurologic exam, there is weakness in the bilateral lower extremities but no atrophy noted, tenderness to palpation throughout the thoracic and lumbar paraspinals and bilateral sciatic notches. The diagnoses were chronic postoperative pain, chronic pain syndrome, postlaminectomy syndrome of the lumbar, lumbar radiculitis, degeneration intervertebral discs of the lumbar, lumbago, sciatica, degeneration intervertebral discs of the thoracic, dorsal thoracic vertebrae fracture, closed, postlaminectomy syndrome of the cervical, cervicgia, and osteoporosis. The injured worker's current medication regimen includes Lyrica, Celebrex, omeprazole, Lidoderm patch, Robaxin, and is on a titration down on Suboxone. The provider recommended Lidoderm patches. The provider's rationale was not included. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES: 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 Patches ,Topical Analgesics Page(s): 56-57, 111.

Decision rationale: One prescription of lidoderm patches is non-certified. The California MTUS recommends topical lidocaine for localized peripheral pain after there has been evidence of a trial of a first-line therapy, tricyclic, SNRI, antidepressant, or AED such as gabapentin or Lyrica. This 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. The injured worker has been prescribed lidoderm patches since at least 01/2014; however, the efficacy of the medication was not provided. The provider's request did not indicate a dose, frequency, and the site at which the lidoderm patches were intended for. As such, the request is non-certified.