

Case Number:	CM14-0025401		
Date Assigned:	06/04/2014	Date of Injury:	06/01/2007
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

This 39 yearold patient sustained an injury on 6/1/07 while employed by [REDACTED]. Request under consideration include prospective request for 1 prescription of lidoderm, #30. Diagnoses include lumbosacral disc degeneration. Report of 2/13/14 from the provider noted patient with 80% improvement in his low back from the recent treatment of radiofrequency ablation of L5 and S1 done on 1/6/14 and from medications until 3 days prior when he slipped on wet soil. Increased low back pain was associated with radiating pain to left buttocks. Post procedure, patient still had some numbness in left anterior thigh described as burning sensation. Exam showed lumbar range limited in all directions; intact motor strength, negative SLR, tenderness at SI joint, and diminished light touch sensation of left anterior thigh. Diagnoses include lumbar degenerative disc disease; lumbar facet arthroplasty with recent radiofrequency rhizotomy; SI joint dysfunction. Medications list Skelaxin, Lidoderm, Omeprazole, and Celebrex. The request for prospective request for 1 prescription of lidoderm, #30 was not medically necessary on 2/24/14 citing guidelines criteria and not enough of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LIDODERM, #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 Topical Medications Page(s): 111-113.

Decision rationale: This 39 year old patient sustained an injury on 6/1/07 while employed by [REDACTED]. The request under consideration include prospective request for 1 prescription of Lidoderm, #30. Diagnoses include lumbosacral disc degeneration. A Report of 2/13/14 from the provider noted patient with 80% improvement in his low back from the recent treatment of radiofrequency ablation of L5 and S1 done on 1/6/14 and from medications until 3 days prior when he slipped on wet soil. Increased low back pain was associated with radiating pain to left buttocks. Post procedure, patient still had some numbness in left anterior thigh described as burning sensation. An Exam showed lumbar range limited in all directions; intact motor strength, negative SLR, tenderness at SI joint, and diminished light touch sensation of left anterior thigh. Diagnoses include lumbar degenerative disc disease; lumbar facet arthroplasty with recent radiofrequency rhizotomy; SI joint dysfunction. Medications list Skelaxin, Lidoderm, Omeprazole, and Celebrex. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The prospective request for one prescription of Lidoderm, #30 is not medically necessary and appropriate.