

Case Number:	CM14-0025644		
Date Assigned:	06/13/2014	Date of Injury:	02/07/1996
Decision Date:	07/29/2014	UR Denial Date:	02/13/2014
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 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 sustained a worker's comp injury to his lumbar back on 2/7/96 .He had various treatments and finally had surgery on 4/21/10. The procedure was a L2-S1 anterior discectomy and and fusion for central stenosis at L2-4 and disc at 3-4. The patient currently is on oxycodone and Neurontin for pain and valium for nocturnal muscle spasms and leg cramps. The patient noted tingling in both toes and also numbness in his feet. We note that the patient had previously been on the SNRI antidepressant , pristin. The patients diagnoses were lower back post laminectomy syndrome, DDD, scoliosis, and h/o pneumonia with possibly secondary chronic interstitial changes in the lungs. The treating M.D. noted that the lidocaine patches prescribed had decreased the deep aching and sharp pain he felt in his lower back. However, the UR refused to authorize this treatment. Thus , IMR review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LIDODERM PATCHES 5%, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines pain treatment with medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain treatment with medication Page(s): 56-57. Decision based on Non-MTUS Citation Other

Medical Treatment Guideline or Medical Evidence: Up to Date, the medical online reference; Topic 9478 Version 119.0 and Topic 2785 Version 27.0.

Decision rationale: The chronic pain section notes that Lidoderm is used for localized peripheral pain after a trial of a first line med such as tricyclic, SNRI or Neurontin or Lyrica has been instituted and that it is just FDA approved for treatment of post herpetic neuralgia and that further research needs to be done before it can be recommended for neuropathic pain of other etiologies. Up to Date notes that lidocaine patches have potential side effects of tachycardia, anxiety, confusion, somnolence, angioedema and hypoxia. It also notes that lidocaine patches have been shown to be efficacious and well tolerated in treatment of post herpetic pain and also allodynia secondary to other types of peripheral neuropathic pain. It also notes that it is best in localized neuropathic pain and is often used in conjunction with other medications in treatment of this type of pain. It states that neuropathic pain is often not controlled by just one medicine and often needs a combination of meds in order to be treated. In this particular patient, he has tingling in his toes and numbness in his feet and post laminectomy syndrome secondary to nerve compression from spinal stenosis and disc protrusion. He has already been put on a SNRI and Neurontin and an opiate which are all treatments for chronic nerve pain. Lidocaine was added to this regimen as a patch and was effective in treating localized back pain characterized as sharp and aching. No side effects were noted with the lidocaine and it was used to treat pain as a result of nerve impingement with pain localized to the lumbar spine. We also note that it was not the first line of treatment and was added as an adjunct to treat the pain. Therefore, criteria for utilizing this medicine has been met and it has been proven efficacious and therefore the use of the lidocaine patches is considered to be medically justified.