

Case Number:	CM14-0027473		
Date Assigned:	06/25/2014	Date of Injury:	10/21/2001
Decision Date:	07/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 50-year-old female with a 10/21/01 date of injury, and status post L5-S1 fusion and subsequent hardware removal. At the time (2/13/14) of request for authorization for lidocaine 5% (700 mg/patch) adhesive patch apply 1-2 patches to skin, there is documentation of subjective (low back pain, left lower extremity pain, L4 distribution burning pain for the last 3-6 months, depression, and insomnia secondary to pain; pain without medication 10/10 and pain with medications 7/10) and objective (antalgic gait, decreased sensation in the left L4 distribution, decreased range of motion for flexion and extension, paraspinous muscle tenderness with spasm) findings, current diagnoses (joint pain shoulder, lumbar radiculopathy, myalgia and myositis NOS, and lumbar postlaminectomy syndrome), and treatment to date (physical therapy, epidural steroid injections, spinal cord stimulation, and medications (including Fentanyl, Oxycodone/APAP, Cymbalta, gabapentin, trazodone, and Lidoderm patch (since at least 1/14))). There is no documentation that a trial of first-line therapy (anti-depressants and gabapentin) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% (700 MG/patch) adhesive patch apply 1-2 patches to skin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids for chronic

pain Page(s): 81. Decision based on Non-MTUS Citation ACOEM, second edition, 2004, chapter 6, page 115.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of joint pain shoulder, lumbar radiculopathy, myalgia and myositis NOS, and lumbar postlaminectomy syndrome. In addition, there is documentation of neuropathic pain and evidence of a trial of first-line therapy (anti-depressants and gabapentin). Furthermore, there is documentation of functional benefit as a result of medications (including Lidocaine patch) use to date. However, given the concurrent use of gabapentin and trazodone, there is no documentation that a trial of first-line therapy (anti-depressants and gabapentin) has failed. Therefore, based on guidelines and a review of the evidence, the request for lidocaine 5% (700 mg/patch) adhesive patch apply 1-2 patches to skin is not medically necessary.