

Case Number:	CM14-0028639		
Date Assigned:	06/16/2014	Date of Injury:	07/06/2011
Decision Date:	10/31/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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 Interventional Spine 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 case involves a 58 year old with an injury date on 7/6/11. The patient complains of intermittent moderate lumbar pain with occasional radiation down right lower extremity, per 1/31/14 report. The patient states that numbness has accompanied pain from 6-8 months prior, with no obvious cause, which extends from right side of abdomen to right side of low back, and all the way up the neck, per 1/31/14 report. Based on the 1/31/14 progress report the current diagnosis includes chronic lower back pain dating back to work injury claim and chronic numbness involving right side of body of unclear cause. Upon exam on 1/31/14 showed "decreased/altered sensation to light touch noted about right lower quadrant of abdomen, which extends to right side of low back, upper back, and to level of neck. No obvious, associated muscle weakness and full range of motion of neck. Trunk movements slightly limited by low back pain and moves all extremities easily." No range of motion testing of lumbar spine. The patient's treatment history includes chiropractic treatment which has helped, and physical therapy which has not helped, per 4/16/14 report. The request is for a refill lidoderm patches. The utilization review determination being challenged is dated 2/14/14. The treatment reports provided are from 9/27/13 to 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical Analgesics Page(s): 56-57. 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm.

Decision rationale: This patient presents with back pain, and right leg pain. The treater has asked for refill Lidoderm patches on 1/31/14. The patient has been using Lidoderm patches since 5/14/14. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading Official Disability Guidelines (ODG), it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treater does not document where the patient is using product and with what benefit. MTUS page 60 require documentation of function and pain reduction when medications are used for chronic pain. Lidoderm patches are not indicated for chronic low back pain, but peripheral neuropathic pain. Therefore, this request is not medically necessary.