

Case Number:	CM14-0037182		
Date Assigned:	06/25/2014	Date of Injury:	10/05/1999
Decision Date:	08/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational 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:

This is a 44-year-old male with a 10/5/99 date of injury. The mechanism of injury was not noted. According to a 5/14/14 progress note, the patient presented with bilateral low back pain radiating to the left lower extremities. He described the pain as numbness, shooting, and tingling and at level of 6/10 on a pain scale of 0-10. His pain was aggravated by any activities and was alleviated by medications and rest. Objective findings: diminished light touch sensation in a L5 on the left side dermatomal distribution, antalgic gait favoring left, trigger points noted over lower paraspinal and 1+ spasm noted over lower paraspinal, lumbar spine abnormal reversal lumbar lordosis and range of motion (ROM). Diagnostic impression: lumbosacral spondylosis without myelopathy, chronic pain syndrome. The treatment to date includes medication management, activity modification, lumbar epidural steroid injection (ESI), and physical therapy. A previous UR decision dated 3/18/14 denied the request for Lidoderm. The rationale provided was that there is no support for topical lidocaine in the management of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm.

Decision rationale: CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin and norepinephrine reuptake inhibitors (SNRIs) anti-depressants or an anti-epileptic drugs (AEDs) such as gabapentin or Lyrica). Official Disability Guidelines (ODG) states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. There is documentation that the patient was to use Lidoderm patches every 12 hours and 12 hours off as needed for pain. The area of application was not provided. However, according to several of the reports reviewed, the location of the patient's pain was bilateral low back pain radiating to his left lower extremities. In addition, it is documented in several notes that Lidoderm has increased the patient's functional level without significant adverse effects. The patient has been using Lidoderm since at least 4/5/2013, if not earlier, with documentation of functional improvement. Therefore, the request for Lidoderm 5% patch #30 one refill was medically necessary.