

Case Number:	CM14-0050473		
Date Assigned:	07/07/2014	Date of Injury:	01/13/2012
Decision Date:	10/02/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Preventive 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:

According to the records made available for review, this is a 46-year-old male with a 1/13/12 date of injury. At the time (1/16/14) of request for authorization for Lidocaine patches and Retrospective usage of Lidocaine Patches, there is documentation of subjective (continues to have pain in back, with some numbness of left leg, no weakness of legs) and objective (positive straight leg raise on left, decreased range of motion of back in all planes, and positive trigger points with spasms) findings, current diagnoses (myofascial pain syndrome, lumbar strain, and lumbar radiculopathy), and treatment to date (medications (including ongoing treatment with Naprosyn, Gabapentin, and Omeprazole), physical therapy, epidural steroid injections, and home exercise program). Medical report identifies a plan to start Lidocaine patches and to continue Neurontin. 1/31/14 medical report identifies that patient has tried gabapentin for his neuropathic pain and that Lidocaine patches were prescribed because gabapentin was not enough to help him with his paresthesias. There is no (clear) documentation of failure of a trial of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy (Tri-Cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica), 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 myofascial pain syndrome, lumbar strain, and lumbar radiculopathy. In addition, there is documentation of neuropathic pain. However, despite documentation that patient has tried Gabapentin for his neuropathic pain and that Lidocaine Patches were prescribed because Gabapentin was not enough to help him with his paresthesias, and given documentation of a plan to continue Gabapentin, there is no (clear) documentation of failure of a trial of first-line therapy (Tri-Cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Therefore, based on guidelines and a review of the evidence, the request for Lidocaine Patches is not medically necessary.

Retrospective usage of Lidocaine Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy (Tri-Cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica), 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 myofascial pain syndrome, lumbar strain, and lumbar radiculopathy. In addition, there is documentation of neuropathic pain. However, despite documentation that patient has tried Gabapentin for his neuropathic pain and that Lidocaine Patches were prescribed because Gabapentin was not enough to help him with his paresthesias, and given documentation of a plan to continue Gabapentin, there is no (clear) documentation of failure of a trial of first-line therapy (Tri-Cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Therefore, based on guidelines and a review of the evidence, the request for Retrospective usage of Lidocaine Patches is not medically necessary.

