

Case Number:	CM14-0056672		
Date Assigned:	07/09/2014	Date of Injury:	06/09/2000
Decision Date:	08/29/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 45-year-old male with a 6/9/00 date of injury. The mechanism of injury was when he developed mild back pain while pulling a heavy recycling can at work. According to a 6/4/14 progress note, the patient complained of mid back pain and lower backache. He rated his pain with medications as a 4 on a scale of 1 to 10 and without medications as an 8 on a scale of 1-10. His activity level has increased. Objective findings include lumbar spine range of motion (ROM) restricted; on palpation of paravertebral muscles, tenderness and tight muscle band is noted on both the sides; trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right lumbar paraspinal muscles on right trapezius muscle, right and left thoracic paravertebrals. Diagnostic impression: thoracic disc degeneration, spasm of muscle. Treatment to date includes medication management, activity modification, H-wave, and trigger point injections. A UR decision dated 4/26/14 denied the request for Lidocaine patches. This medication is not FDA approved for the musculoskeletal type of pain described in the medical records. These records document the claimant to have a completely normal sensory exam, and there is no indication of neuropathic symptoms on the part of the claimant including numbness and tingling. There is no documentation of electrodiagnostic studies to support a significant neuropathic component. Therefore, the clinical data provided does not indicate a valid listed medical condition for use of this medication and its use is not supported as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patch 700 mg #30 as an outpatient for thoracic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 Edition, McGraw Hill 2006.

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

Decision rationale: The California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). The Official Disability Guidelines states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated. There should also be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. This information was not provided in the reports reviewed. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as Gabapentin. Therefore, the request for Lidocaine 5% Patch 700 mg #30 as an outpatient for thoracic pain is not medically necessary.