

Case Number:	CM14-0064594		
Date Assigned:	07/11/2014	Date of Injury:	07/18/2001
Decision Date:	11/10/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/07/2014

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 Pain Medicine and is licensed to practice in Texas & Oklahoma. 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:

The injured worker is a 61 year old female who reported an injury on 7/18/2001. The mechanism of injury was a sudden twist in the lower back while carrying a heavy object. She was diagnosed with lumbar spine radiculopathy. Her past treatments included physical therapy, 9 to 10 cortisone injections and pain medication. The physical examination dated 3/13/2014, the injured worker complained of constant low back pain on the right side of the back which radiated to the waist and mid back. The description of pain was dull to sharp, rated at 7/10. The injured worker stated the pain is aggravated by stress, sleep, weather changes, exercise, coughing, sneezing, prolonged standing, walking, bending, stooping, twisting, squatting, overhead work and prolonged sitting. Lumbar range of motion revealed flexion to 45 degrees, extension to 15 degrees and left/right lateral flexion to 15 degrees. The medication regimen included Aspirin, Omeprazole, Levothyroxine, Lorazepam, Hyoscyamine, Ramipril, Cymbalta, Seroquel, anxiety medication and Lava core patches for her back. The treatment plan included to have the injured worker be provided with a lumbar spine transcutaneous electrical nerve stimulator (TENS) unit for a 30 day trial, undergo an MRI scan, use the Lidocaine patch as directed and continue with medications. The rationale for the Lidocaine patch was breakthrough pain. The Request for Authorization form was not submitted provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% #60: 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 Lidoderm Page(s): 56-57..

Decision rationale: The request for the Lidocaine patch is not medically necessary. The California MTUS guidelines recommend Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker complained that the pain in her lower back is constant and dull to sharp. Her pain was rated at a 7/10 and her range of motion was 45 degrees flexion, 15 degrees extension and 15 degrees left/right lateral flexion. The California MTUS guidelines indicate that the patch is recommended for localized peripheral pain after the trial use of first-line therapy medications, such as anti-depressants. The clinical information provided for review lacks documentation related to a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). There is no indication within the documentation that the injured worker suffered from post-herpetic neuralgia. In addition, the guidelines state further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Furthermore, the request as submitted failed to provide the specific sight and directions for use. Therefore, the request for Lidocaine Patch 5% #60 is not medically necessary.