

Case Number:	CM14-0064608		
Date Assigned:	07/11/2014	Date of Injury:	04/17/2008
Decision Date:	12/23/2014	UR Denial Date:	04/18/2014
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 Pain Management and 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:

The patient is a 33 year old male with an injury date of 04/17/08. Based on the 02/19/14 progress report, the patient complains of back pain which he describes as aching and constant. He rates this pain as a 7/10. The patient has hypertension, myalgias, muscle weakness, stiffness, joint complaint, arthralgia(s), insomnia, fatigue, anxiety, and depression. He has tenderness on his lumbar spine, facet joint, decreased extension, decreased lateral bending, and decreased rotation. The 03/19/14 report states that the patient also has elbow pain, leg pain, right shoulder pain, and right foot pain. He uses a cane to walk. No further positive exam findings were provided. The patient's diagnoses include the following: 1. Pain foot/leg/arm/finger 2. Lumbago, low back pain 3. Encntr long-rx use nec The utilization review determination being challenged is dated 04/18/14. Three treatment reports are provided from 12/12/13, 02/19/14, and 03/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Lidocaine Page(s): 57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm (Lidocaine patch)

Decision rationale: The 03/19/14 report states that the patient presents with low back pain, elbow pain, leg pain, right shoulder pain, and right foot pain. The request is for Lidoderm 5% Patches #30 with 1 refill. 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, "Recommended for localized peripheral pain." When reading ODG guidelines, 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, there is no specific neuropathic pain or peripheral localized neuropathic pain documented that would warrant the use of Lidoderm patches. The request for Lidoderm 5% patches #30 with 1 refill is not medically necessary.