

Case Number:	CM14-0073114		
Date Assigned:	07/16/2014	Date of Injury:	06/11/2009
Decision Date:	08/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 37-year-old male with a 6/11/2009 date of injury. A specific mechanism of injury was not described. The 4/22/14 determination was non-certified given no documentation that the patient had failed a trial of first-line therapy. The 5/16/14 medical report identified back pain radiating down the left leg. Exam revealed decreased range of motion, positive facet loading, positive SLR on the left at 45 degrees, positive FABER test, and patellar jerk 1/4 on the left. Motor strength was 5-/5 ankle dorsiflexion, plantar flexor, knee extensor, and left hip flexor on the left. It was noted that Lidoderm decreased spasm pain from 6-8/10 to 2-3/10. The patient was also taking Gabapentin for nerve pain. Without it, the patient had intense sharp shooting pains and numbness. With it, the symptoms were very minimal and the patient had better feeling in his toes. The provider stated that since Lidoderm patches were denied, he was requesting Terocin lotion for back muscle pain. The 3/21/14 medical report identified the same symptoms previously documented. It was noted that Lidoderm helped to reduce muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% Day Supply, Qty: 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm Patches.

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 SNRI anti-depressants or an AED such as Gabapentin or Lyrica). While the patient had neuropathic pain, there was no indication that first line oral therapy has failed. The patient was also taking Gabapentin and there was appropriate neuropathic pain relief with its use. There was also increased sensation in the toes with the use of the medication. In addition, the Lidoderm patches were apparently used for muscle spasms and back pain, which are not the appropriate indications for usage. Therefore, the request is not medically necessary.