

Case Number:	CM14-0076297		
Date Assigned:	06/04/2014	Date of Injury:	01/15/1997
Decision Date:	08/11/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/26/2014

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 Occupational 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:

Patient is a 64-year-old male who has submitted a claim for lumbar facet syndrome, spinal/lumbar degenerative disc disease, low back pain, radiculopathy, muscle spasm associated with an industrial injury date of 1/15/1997. Medical records from 2013-2014 were reviewed which revealed persistent low back pain which radiates to the left leg. There was slight increase in shooting pain down the left leg during cold weather. Pain starts at left side of lower back and radiates down to the buttocks and stops midway through lateral thigh. Physical examination of the lumbar spine showed restricted range of motion with flexion, extension and lateral rotation secondary to pain. Tenderness was noted to paravertebral muscles. Lumbar facet loading was positive on the left side. Straight leg raise test was negative. Magnetic resonance imaging (MRI) of the lumbar spine, dated 11/12/10, showed mild disc bulging at L4-5 on left which combines with facet joint hypertrophy. There was mild-moderate left neural foraminal narrowing. Disc osteophyte complex formation was noted at L5-S1 combined with facet joint hypertrophy. Treatment to date has included, TENS, stretching exercises and trigger point injections. Medications taken include, Lyrica 150 mg, Lidoderm 5% patch, Tylenol-Codeine, Zanaflex 2 mg and Celebrex 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH (#60): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Lidoderm is 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). In this case, patient has been taking Lidoderm patches and Lyrica 150 mg since at least November 2013. Progress report dated December 31, 2013 mentioned that he was able to perform his ADLs and remain active with the help of his medications. In this case, the patient was taking Lyrica 150 mg and Lidoderm since at least November 2013 and presents with ongoing complaints, but reports good relief with the established medication regimen including Lyrica and Lidoderm. As the patient was initially on Lyrica alone, the addition of Lidoderm has demonstrated better relief. Therefore, the request for Lidoderm 5% patch #60 is medically necessary.