

Case Number:	CM14-0079072		
Date Assigned:	07/18/2014	Date of Injury:	09/06/2012
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 37-year-old male who reported a heavy lifting injury on 09/06/2012. On 03/05/2014, his diagnoses included disc herniation without myelopathy of the lumbar spine, lumbar spine degenerative disc disease and degenerative joint disease, and nonindustrial cervicgia. Electrodiagnostic studies did not demonstrate any lumbar radiculopathy. A progress note mentioned that the injured worker had failed conservative treatment including acupuncture, chiropractic and physical therapy. On 04/11/2014 he received lumbar facet injections at L4-5 and L5-S1 bilaterally. On 03/21/2014, the injured worker stated that he had received 50% pain relief from his low back pain with trigger point injections. He further stated that he would like to try Lidoderm patches to see if they would help with his pain. There was no rationale included in this injured worker's chart. A Request for Authorization dated 05/15/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Lidoderm patches for the low back is non-certified. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of first line therapy failure that includes tricyclic or SNRI antidepressants or antiepileptic medications such as gabapentin or Lyrica. The only form of FDA approved topical application of Lidoderm is the dermal patch for neuropathic pain. Electrodiagnostic studies in this injured worker have ruled out myelopathy. There was no documentation of failed trials of antidepressants or antiepileptic medications for pain relief. Additionally, the request did not include frequency of application. Therefore, this request for Lidoderm patches for the low back is non-certified.