

Case Number:	CM14-0080008		
Date Assigned:	07/18/2014	Date of Injury:	01/12/2006
Decision Date:	10/01/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 case involves a 58-year-old female with a 01/12/06 date of injury. The progress note dated 4/14/14, states the patient presents with foot pain, hand problems, leg pain and low back pain. Bilateral low back pain is sharp, constantly worsening, 9/10. Left Leg pain is accompanied by numbness and weakness in the right hand and left leg. Nocturnal cramping of the calves was noted to occur about twice week. She has fallen 6 times in the last 9 months. FRP was completed in February 2010. The patient has not been on analgesics since after her last surgery in 2011. Treatments included physical therapy and TENS stimulation as well as epidural injections, trigger point injections for lower back, and heat therapy which was not helpful. The physical examination section refers to a physical exam worksheet which was not included with documentation. Diagnoses state lumbar sprain/strain, chronic pain syndrome, post laminectomy lumbar fusion L4-5 L5-S1 and L3-4, radiculopathy. Medications include Celebrex, Lidoderm, Cymbalta, Soma, Pantoprazole, ProAir HFA, and Lactulose. The physical exam notes dated 04/15/2014 state tenderness to palpation of the lumbar region, and weakness with left knee extension. Progress report dated 04/03/2014 the physical exam section states no tenderness to palpation, no pain, and no spasm in the lumbosacral spine. Sensation diminished along the left lateral leg, chronic. No straight leg raise. The 12/30/13 MRI lumbar spine revealed stable postsurgical changes, multilevel degenerative, and discogenic changes with mild canal stenosis at L3-L4 with mild to moderate bilateral neural foraminal narrowing. L5-S1 mild to moderate bilateral neural foraminal narrowing also is present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm (lidocaine patch)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter Lidoderm Patches

Decision rationale: The reports state pain levels of 9/10, worsening. Lack of symptom improvement is an indication that Lidoderm patches should be discontinued per guideline requirements. In addition, guidelines state that no high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. The records do not indicate if the patient had tried a first line therapy medication for lumbar neuropathic pain, such as Gabapentin. Based on the records reviewed the guidelines have not been met therefore, the request is not medically necessary.