

Case Number:	CM14-0080122		
Date Assigned:	07/18/2014	Date of Injury:	02/12/2003
Decision Date:	08/18/2014	UR Denial Date:	05/05/2014
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 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:

According to the records made available for review, this is a 57-year-old male with a 2/12/03 date of injury. At the time (4/11/14) of the request for authorization for Lidoderm 5% patches, daily (quantity not specified), there is documentation of subjective (nociceptive somatic low back pain as well as neuropathic pain in both lower extremities) and objective (tenderness in the midline lumbar spine from T11 to L4, mild tenderness in the bilateral paralumbar musculature with mild spasm noted, decreased lumbar spine range of motion, hypesthesia in the left L5 and S1 dermatomes) findings, current diagnoses (chronic and persistent low back pain, status post L4-S1 interbody fusion 2/17/06, ninth rib fracture resolved, hypertension industrial causation, headaches, bilateral carpal tunnel syndrome, and severe depression), and treatment to date (medication including ongoing use of Lyrica and Lidoderm patches for at least 6 months). In addition, there is documentation of improvement in pain and function of 40% with his medications. He is better able to participate in activities of daily living. There is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches, daily (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic and persistent low back pain, status post L4-S1 interbody fusion 2/17/06, ninth rib fracture resolved, hypertension industrial causation, headaches, bilateral carpal tunnel syndrome, and severe depression. In addition, there is documentation of neuropathic pain and treatment with Lidoderm patches for at least 6 months. Furthermore, given documentation of improvement in pain and function of 40% with his medications and that he is better able to participate in activities of daily living, there is documentation of functional benefit with use of Lidoderm patches. However, given documentation of ongoing use of Lyrica, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% patches, daily (quantity not specified) is not medically necessary.