MAXIMUS Federal Services

Case Number:	CM14-0080711		
Date Assigned:	07/18/2014	Date of Injury:	01/15/2010
Decision Date:	09/19/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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:

The patient was injured on 01/15/2010 when he was assisting a co-worker lift a 400 lb compressor and generator, when the lower back was injured. Prior treatment history has included lumbar epidural injection with reported decreased right leg pain and low back pain by 55%. There are no diagnostic studies available for review. On note dated 01/23/2014, the patient noted without his medications, his pain level is a 5/10 and with medication to 3/10. On exam, he was noted to have good strength bilaterally and he is able to heel-toe walk. Progress report dated 04/17/2014 indicates patient presented with complaints of low back pain rated as 5/10 at its worst to a 2-3/10 at best. He is noted to take Prilosec for his stomach irritation and reflux problems; as well as Norco 10/325 mg; Ambien 5 mg; and Lidoderm patch. There were no objective findings submitted with this note. He is diagnosed with lumbar discogenic pain with MRI from 03/31/2010 demonstrating multilevl disk protrusions at L2-L3 and L5-S1 with facet changes and foraminal stenosis at L5-S1; negative facet diagnostic injection on the right side at L3-L5; and status post left L3, L4, L5 RF ablation 07/2010 wit the improvement of symptoms on the left side; and gastroesophageal reflux disease. The patient was instructed to continue Norco, Prilosec and Lidoderm patch. Prior utilization review dated 05/12/2014 states the request for Lidoderm Patch, #30 is denied as the request is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm patch.

Decision rationale: This is a request for Lidoderm patches, which the patient is using on a long-term basis for chronic low back pain and right lower extremity radicular symptoms. However, according to MTUS guidelines, topical Lidocaine "is only FDA-approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Further, there is no documentation of failed trial of first-line oral medications for neuropathy. Medical necessity is not established.