

Case Number:	CM14-0082247		
Date Assigned:	07/21/2014	Date of Injury:	09/19/2006
Decision Date:	09/23/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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 is a 59-year-old male who has submitted a claim for postlaminectomy syndrome, lumbar region and fasciitis unspecified associated with an industrial injury date of September 19, 2006. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain with radiation into the right lower extremity. On examination of the lumbar spine, range of motion is as follows: flexion 10 degrees, extension 5 degrees, left lateral flexion 10 degrees and right lateral bending 10 degrees. Treatment to date has included multiple surgeries on the spine, and medications (Norco, Neurontin, Robaxin, Colace), lumbar epidural steroid injection and Lidoderm 5% patches. On the patient's latest progress note prior to the request (4/24/14) there was a note that the patient had significant reduction (>50%) of his right lower extremity pain along the L5 dermatomal level after L5-S1 lumbar epidural steroid injection. Weaning of Norco and gabapentin had already been started as well. It was recommended to increase first the dose of gabapentin prior to use of Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, one 12 hours on and 12 hours off #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-Lidocaine.

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

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, lidoderm patch is recommended for localized peripheral pain after there has been evidence of a of trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, clinical manifestations are consistent with neuropathy. Patient was initially on gabapentin and Lidoderm 5% patch was prescribed as adjuvant therapy since at least 1/24/14. Patient reported symptom relief attributed to its use. Moreover, progress report from 4/24/2014 stated that transdermal formulation was prescribed to decrease amount of oral medications as management for gastrointestinal complaints. Therefore, the request for Lidoderm 5% patch #30 is medically necessary.