

Case Number:	CM14-0082678		
Date Assigned:	07/21/2014	Date of Injury:	03/15/2011
Decision Date:	11/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 56-year-old female with an injury date of 03/15/11. Based on the 05/23/14 progress report provided by [REDACTED], the patient complains of low back and right hip pain. Physical examinations of the lumbar spine revealed tenderness to palpation of paravertebral muscles and trigger points, as well as decreased range of motion, especially on extension 18 degrees. Straight leg raising test was positive on the right. Tenderness was noted on the right greater trochanter. Diagnosis on 05/23/14 was lumbar radiculopathy. [REDACTED] is requesting Lidoderm patch 5% #30 with one refill (1 daily). The utilization review determination being challenged is dated 05/27/14. The rationale is "no documentation of neuropathic pain or that patient failed first line therapy..." [REDACTED] is the requesting provider and he provided treatment reports from 12/04/13 - 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch #30 With 1 Refill: Upheld

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

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

Decision rationale: The patient presents with low back pain. The request is for Lidoderm patch 5% #30 with one refill (1 daily). Her diagnosis dated 05/23/14 was lumbar radiculopathy. MTUS guidelines page 57 states, "topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading Official Disability Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." Official Disability Guidelines further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In this case, the patient presents with radicular symptoms and pain in back and right hip, but not pain that is peripheral and localized neuropathic. Lidoderm patches would not be indicated. Therefore, this request is not medically necessary.