

Case Number:	CM14-0084170		
Date Assigned:	07/21/2014	Date of Injury:	07/13/2011
Decision Date:	12/30/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 33-year-old male with an injury date of 07/13/11. Based on the 04/18/14 progress report, the patient complains of bilateral low back pain rated 3-6/10. Patient describes his pain as aching, dull, stabbing and throbbing, which is aggravated by bending, carrying, and change in weather. Physical examination to the neurological and musculoskeletal system was unremarkable. As per 04/18/14 report, treater requested prescription for Lidocaine patch for lumbago. Diagnosis 04/18/14, 1) Lumbago. The utilization review determination being challenged is dated 05/06/14. The rationale is, "There is insufficient evidence to suggest the claimant has failed first-line medications or is intolerable to oral medications." Treatment reports were provided from 01/22/14 - 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% 30 day supply qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Topical Analgesics Page(s): 111, 113; 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

Decision rationale: The patient presents with bilateral low back pain rated 3-6/10. The request is for LIDOCAINE PATCH 5% 30 DAY SUPPLY QTY 30. Patient's diagnosis dated 04/18/14 was lumbago. 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 AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG 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." ODG 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 bilateral low back pain, but no pain that is peripheral, localized and neuropathic. MTUS does not support the use of this topical product for spinal musculoskeletal conditions. Recommendation is for denial.