

Case Number:	CM14-0087457		
Date Assigned:	07/23/2014	Date of Injury:	02/09/2001
Decision Date:	12/12/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/11/2014

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 Internal 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 62 year old female who was injured on 02/09/2001 while she was transferring a patient she injured her back. Prior treatment history has included the patient is status post L4-L5 fusion in 1987 and SCS (spinal cord stimulator) placement in 2004. Medications have included orphenadrine, Miralax, Nexium, gabapentin, ropinirole, Lidoderm, Flector, Colace, Remeron, and levothyroxine. She has also had three CESI (cervical epidural steroid injection) with improvement for 4-5 months. Progress report dated 04/30/2014 documented the patient's problem is worsening and is persistent. She complains of back pain in the upper back, lower back, right flank, legs, neck, thighs and head. The pain is described as burning, deep, numbness, sharp, stabbing, pins and needles. She reports her pain level as an 8/10 without medications. Progress report dated 06/02/2014 documented the patient's severity level is moderate. Location of pain was upper back, lower back and legs. The patient describes the pain as burning, deep, numbness, sharp and stabbing. Symptoms are accelerated by ascending stairs, bending, changing positions, daily activities, defecation, extension, lifting, sitting, standing, twisting and driving and alleviated by ice, lying down and over the counter medication. The pain level was reported as 7/10. With medication she is able to get dressed, perform minimal activities at home. Without medications she can get out of bed but does not get dressed. Treatment Plan: She was prescribed Lidoderm which was noted to relieve 100% of the pain over the patch area. She was using 1-2 on her low back, 1 on her mid back and 1 on her neck. Utilization report dated 06/10/2014 did not certify the request for Lidocaine Topical 5% (700 mg) #270 as the injured worker did not meet the criteria for the Lidoderm patches. There was no documentation to support functional improvement and decrease in use of other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine topical 5%, 700mg, #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidoderm patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Criteria for Lidoderm (Lidoderm patch)

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), Pain chapter, Topical Analgesic

Decision rationale: Lidoderm is a topical analgesic and as per CA MTUS it can be used for neuropathic pain after failure of a first line medication. The patient did not have resolution of her symptoms with prior trials with gabapentin and other first line medications. The patient previously tried the Lidoderm patch and had benefit. However, it is unclear why such a large quantity of patches needs to be dispensed, 270 is an excessive amount without follow up. A lower quantity may be appropriate with follow up scheduled if more patches are required. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.