

Case Number:	CM14-0087523		
Date Assigned:	07/23/2014	Date of Injury:	12/10/2009
Decision Date:	09/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/10/2014

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 67-year-old female who was injured on 12/10/2009. Mechanism of injury is unknown. Prior treatment history has included lumbar laminectomy in October of 2011. Progress note dated 02/11/2014 documented the patient still with neck pain and upper and lower back pain. She complains of weakness in her legs. Objective findings on exam reveal the patient is using a walker. Anti-flexion of the trunk on the pelvis is 10 degrees; Extension 0 degrees; rotation is 10 degrees bilaterally. Lateral flexion bilaterally is 5 degrees. There is paracervical tenderness from C2 to C7-T1. There is parathoracic tenderness from T1 to L2-L1. There is paralumbar tenderness from L1 to L5-S1. There is lower thoracic and lumbar spasm noted. Diagnoses: 1) Chronic lumbar back pain, status post laminectomy and discectomy. 2) Failed back surgery syndrome 3) Chronic sacroiliac pain 4) Chronic coccydynia. Treatment Plan: Refill meds. She will continue her Lidoderm patches. In autilization report dated 05/15/2014 denied the request for Lidoderm Patch. The medication is a topical patch only supported by FDA for the treatment of herpetic neuralgia. The medical records do not indicate any significant increase in function or benefited reported with the use of Lidoderm patches to support its ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 1-3 per pack: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113; Lidoderm pages 56-7 Page(s): 111-113; 56-57.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." In this case the patient is a 67-year-old female with chronic neck, thoracic and low back pain along with lumbar radiculopathy. Lidoderm patches are prescribed. However, there has not been a failure of first-line oral medications for neuropathic pain. The patient is concurrently prescribed Gabapentin and Amitriptyline. The patient does not have post-herpetic neuralgia. Medical necessity is not established.