

Case Number:	CM14-0088814		
Date Assigned:	07/23/2014	Date of Injury:	10/28/1998
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 60 year old male injured on 10/28/98 due to an undisclosed mechanism of injury while performing his duties as a truck driver. Current diagnoses include left SI joint syndrome, status post lumbar fusion at L5-S1, reactive depression, erectile dysfunction, and left knee pain. The clinical note dated 06/03/14 indicated the injured worker presented complaining of persistent low back pain increased following discontinuation of medication regimen due to non-certification. The injured worker rated the pain at 9/10 without medication. The injured worker reported struggling to carry out activities of daily living. The injured worker reported with the use of medications the ability to carry out activities of daily living such as cooking, cleaning, laundry, and self-hygiene on an independent basis, as well as walking for exercise and going out and running errands. Without medications, the injured worker struggles significantly with mobility, exercise, and simple activities of daily living within the home. The documentation also indicated lower extremity radiating symptoms progressively worsened without the use of Neurontin. With the use of medication, the injured worker reported a decrease in pain from 8-9/10 to 4/10. Medication regimen included Norco 10/325mg 6 tablets a day, Neurontin 800mg BID, Ambien 10mg QHS, Colace 100mg 3-4 tablets a day, Celexa 20mg a day, Lidoderm patch, and Testim 1% gel. The documentation indicated these medications had been discontinued following utilization review. Objective findings included increased tenderness to lumbar paraspinal muscles with spasms, significant decreased range of motion in all planes at the waist with possible left leg lift, ambulating slowly with obvious limp, and favoring of the left lower extremity. The initial request for Lidoderm Patch 1 A Day (Total Qty Unknown) was initially non-certified on 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 1 A Day (Total QTY Unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm Patch 1 A Day (Total QTY Unknown) cannot be recommended as medically necessary since established and accepted medical guidelines have not been met.