

Case Number:	CM14-0189937		
Date Assigned:	11/21/2014	Date of Injury:	10/10/2012
Decision Date:	01/16/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 52 year old male with an injury date of 10/10/12. Based on the 07/18/14 progress report, the patient complains of pain in his cervical spine, lumbar spine, left hip and right ankle/foot. He rates his neck and right ankle/foot pain as a 4/10 and rates his lumbar spine and left hip pain as a 9/10. He has radiation of pain into the bilateral legs. The 08/27/14 report states that the patient continues to have lumbar spine pain. No further exam findings were provided. The 10/03/14 report indicates that the patient has pain in his cervical spine, lumbar spine, bilateral hip, bilateral ankle, and bilateral foot. He rates his pain as a 9/10. Examination of the cervical spine revealed tenderness over the paraspinal and trapezius muscles bilaterally. There was positive Spurling's bilaterally and positive cervical compression. Deep tendon reflexes were 2+ bilaterally at brachioradialis and triceps. The lumbar spine revealed a decreased range of motion. There was tenderness and hypertonicity over the paraspinal muscles equally. There was decreased strength and sensation bilaterally 4/5 at L4, L5 and S1. The left hip has a decreased range of motion and tenderness over the iliac crest. There was a positive Patrick's sign and decreased strength with flexion, internal rotation, and external rotation. The right ankle revealed slightly decreased range of motion and tenderness over the lateral and medial malleoli. The patient's diagnoses include the following: Status post lumbar spinal surgery, status post compression fracture of the lumbar spine. Severe depression and anxiety with suicidal ideation. Gastric issues. The utilization review determination being challenged is dated 11/03/14. Treatment reports were provided from 03/21/14- 10/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lidoderm lidocaine patch

Decision rationale: 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 (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." "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 documenting pain and function. In this case, the treater does not indicate where these patches will be applied to, or if they will be used for neuropathic pain. Based on the patient's diagnoses, there is no neuropathic pain that is peripheral and localized. The requested Lidoderm Patches is not medically necessary.