

Case Number:	CM14-0193539		
Date Assigned:	12/01/2014	Date of Injury:	04/03/2004
Decision Date:	01/13/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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:

Pursuant to the most recent progress note available for review dated January 1, 2013, the IW complains of pain in the low back without radiculopathy since work-comp injury on April 3, 2004. He has been under the care of a pain specialist for 7 years prior to being treated by the current provider. He has tried and failed multiple epidural steroid injections and is not interested in any more. He had L4-S1 lumbar fusion in March of 2010. His pain quality is throbbing, intense, tiring, sore and aching. Since his last visit, the pain has remained unchanged at 3/10 with 50%-75% relief with medications. Current medications include Kadian 10mg, Oxycodone 10mg, Flexeril 10mg, Lidoderm 5% and Flector patch 1.3& film. Documentation indicated that the IW has been using Lidoderm patch since November 12, 2012. There are not pain assessments or objective function improvement associated with Lidoderm that was documented in the medical record. Objective physical findings revealed thoracic paraspinals had no tenderness to palpation. There was no tenderness to palpation over the bilateral lumbar paraspinal musculature during exam. The IW has full motor power with manual testing in bilateral legs, and dermatomes at L4-S1. The authorization request is for Lidoderm (Lidocaine Patch 5%) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (lidocaine patch 5%) times 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter and on the National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patch #30 (retrospective) is not medically necessary. The criteria for Lidoderm patches are enumerated in the official disability guidelines. They include, but are not limited to, the following: recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology, it should be evidence of a trial of first-line neuropathic medications try cyclic antidepressants or antiepileptic drugs such as Gabapentin; The area for treatment should be designated as well as the number of planned patches and duration for use (number of hours per day) is generally recommended; no other medication changes be made during the trial; and decrease in the use of other medications if improvements cannot be determined, the medications should be discontinued; and continued outcomes should be intermittently measured and if improvement does not continue, Lidoderm patches should be discontinued. In this case, the working diagnoses or lumbago, muscle spasm and status post lumbar fusion. The injured worker reports pain in the upper thoracic area. Lidoderm patch provides "a modicum" of relief. There is no documentation of signs and symptoms or diagnoses compatible with neuropathic pain. Lidoderm patches are indicated for pain consistent with a neuropathic etiology. Additionally, the Lidoderm patches have been prescribed since November 12, 2012. There was no documentation of a trial period for Lidoderm patches and no evidence of objective functional improvement at the end of a trial period. There has been improvement, however, while using Lidoderm patches. Consequently, absent the appropriate documentation, objective functional improvement, a trial period with a documented outcome, and continued measured outcomes to determine whether the patches should be continued or discontinued, Lidoderm 5% patch #30 (retrospective) is not medically necessary.