

Case Number:	CM14-0193763		
Date Assigned:	12/01/2014	Date of Injury:	02/08/2013
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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 Emergency 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:

Patient with reported date of injury on 2/8/2013. Mechanism of injury is described as lifting injury. Patient has a diagnosis of chronic low back pain from lumbar disc herniation, chronic thoracic myofascial pain, chronic cervical myofascial pain, chronic knee pain and chronic ankle pain. Medical reports reviewed. Last report available until 10/8/14. Patient complains of upper back pain and leg pains. Also have intermittent knee and ankle pains. Objective exam reveals normal neck exam with normal range of motion. Noted mild paracervical tenderness in C5-T1. Mid back also revealed parathoracic tenderness from T6-T7 and T9-L1. Lumbar exam reveals decreased range of motion. Heel-toe walking is normal. Tenderness to L1 to S1 with slight spasms. Progress notes states that patient are "eligible" for Lidoderm because tricyclic antidepressant was attempted and was not successful. MRI of lumbar spine (5/15/13) reportedly showed 7mm posterior protrusion central to L posterior paracentral causing indentation of thecal sac at L1-2. Multi-level disc bulges were also noted. EMG of lower extremities (Date of exam was not noted) reveal L S1 radiculopathy. Patient is reportedly post lumbar epidural steroid injections. Current medications include Propranolol, Methimazole and Cephalexin (for a toe infection). Also takes vicodin for pain. Independent Medical Review is for Lidocaine 5% patches #90. Prior UR on 10/31/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation ODG Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. It may be considered after failure of 1st line treatment. Patient has reportedly failed amitriptyline but there is no documentation that other 1st line agents such as Lyrica or Neurontin were attempted. Lidocaine patch is not medically necessary.