

Case Number:	CM14-0198518		
Date Assigned:	12/09/2014	Date of Injury:	06/11/1988
Decision Date:	01/21/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice and is licensed to practice in Florida. 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 who sustained a remote work related injury on 6/11/1988. His diagnoses include chronic back pain, postlaminectomy syndrome, and degeneration of the lumbosacral intervertebral disc. Imaging studies have included several prior MRI's. He has been treated with multiple L-spine surgeries, epidural steroid injections, physical therapy with TENS unit, and medications (that include high dose narcotics.) He has also been using a Lidoderm patch and the medication Gabapentin as well. An 11/2014 progress note physical exam noted loss of normal lordosis with straightening of the lumbar spine and hunched posture. Range of motion was noted to be restricted with flexion limited to 30 degrees and extension limited to 10 degrees. On palpation, paravertebral tenderness and hypertonicity was noted bilaterally. It was also noted that the patient was unable to walk on his heels or toes. Straight leg raise testing was positive on the left side in a supine position. A utilization review physician did not certify continuation of the Lidoderm patch. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does show that this patient is taking Gabapentin, but there is no documentation that this medication has failed to control the patient's pain, necessitating the Lidoderm prescription. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the request is not medically necessary.