

Case Number:	CM14-0202610		
Date Assigned:	12/15/2014	Date of Injury:	05/29/2003
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/03/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 63 year old worker who sustained an industrial injury on 05/29/2003 that resulted in back pain. His diagnoses include lumbar spine pain. Past medical treatment has included radiofrequency ablation, medications, physical therapy and surgery. In 2011, the patient had a L4-5 laminectomy and on 02/05/2014 he underwent L5-6 laminectomy with fusion. According to a March 20, 2014 report, thoracic spine magnetic resonance imaging on 6/19/2012 has demonstrated central disc protrusion at T4-T5. The physical examination of 10/10/2014 notes significant tenderness to palpation of the paraspinal muscles, greater on the left at the L5 level and decreased range of motion. Straight leg raise was positive for increased low back pain on the left side only. The patient complains of significant thoracic pain and rates his pain as 7/10. He recently has been treated with physical therapy and acupuncture with his last sessions attended from 10/13/2014 through 11/06/2014. He also is being treated with Dilaudid 2 mg po twice daily, Lidoderm 5% patches for thoracic pain, and Duragesic 25 mcg patches plus Duragesic 50 mcg patches to a total of 75 mcg Duragesic daily. He will not need refill of Gralise as he is tapering off this month. The patient reports an increase in activities of daily living with the medications and a change in pain from 10/10 level to 6/10 with the medications. On 11/10/2014 the patient rated his pain level to be 7/10 with medications. The report notes that the patient continues to have significant pain in his thoracic area and wants to repeat radiofrequency ablation that took away the radiating pain into the thoracic cage. He needs to continue Lidoderm patch for thoracic pain as it significantly helps the pain. Current medications consist of Duragesic patch, Hydromorphone, Lidoderm patch, Senokot and Flexeril. A request was submitted 11/20/2014 for Dilaudid 2 mg po #60, Lidoderm 5% patches for thoracic pain, Duragesic 25 mcg patches #15, Duragesic 50 mcg patches# 15, and additional physical therapy 2 times a week for six weeks. On 11/26/2014, Utilization Review issued a decision letter non-

certifying the Lidoderm patches, citing California Medical Treatment Utilization Schedule (CA-MTUS) and based on a lack of documentation of a trial of first line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month supply of Lidoderm 5% Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 110-112.

Decision rationale: Per the MTUS guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. The guidelines state that lidocaine is not recommended for non-neuropathic pain. In this case, the patient is diagnosed with thoracic pain, and magnetic resonance imaging has revealed disc protrusion. There is no indication of nerve impingement on imaging studies. Furthermore, there is no objective evidence of localized peripheral pain of a neuropathic nature. Moreover, while it is noted that Gralise (Neurontin) has been trialed, there is no indication that the patient has had a trial of first-line therapy such as tricyclic or SNRI antidepressants. For these reasons, the request for Lidoderm patches is not medically necessary.