

Case Number:	CM14-0204151		
Date Assigned:	12/16/2014	Date of Injury:	01/12/2006
Decision Date:	02/25/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 58 year old female with an injury date of 01/12/06. Based on the 10/29/14 progress report, the patient complains of foot pain, hand problems, leg pain, and low back pain. The pain level is at 8/10 and familiar pain at 5/10. The pain aggravates to 9/10 with the list of activities. Left leg pain is sharp, achy, tingling at 9/10. The pain accompany by numbness and weakness in right hand and left leg and foot. The patient has difficulty getting quality sleep. The patient also complains of anxiety, depression, and inability to concentrate. Current medications are Celebrex, Lidoderm 5% patch, Cymbalta, Soma, Pantoprazole Sodium, ProAir HFA, and Lactulose. The diagnoses include following: 1. Sprain strain lumbar. 2. Diffuse lumbar tenderness. 3. Chronic pain syndrome. 4. Post laminectomy lumbar. 5. Fusion, levels unspecified. 6. Lumbar or Thoracic radiculopathy. The treatment plan includes refill current medications and waiting for results of MRI of the lumbar spine. The patient reports nocturnal cramping of the calves about twice a week since her first surgery (date is not given). The patient has fallen 6 times in the past 9 months due to give way weakness. The patient underwent two fusions prior to 2009 (dates not given) and completed the FRP in February 2010. The treating physician is requesting Lidoderm 5% patch #90 for 1-3 patches daily as needed on 10/16/14 and 10/30/14. The utilization review determination being challenged is dated 11/05/14. The requesting physician provided treatment reports from 04/14/14-11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% 1-3 patches daily as needed #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches, Topical Analgesics Page(s): 56, 57, 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (chronic), Lidoderm patches.

Decision rationale: The patient presents with foot pain, hand problems, leg pain, and low back pain. The request is Lidoderm 5% patches #90 for 1-3 patches daily as needed. Review of reports does not show when the patient start to take this medication but it has been listed as current medication since 04/14/14 report. Per 10/29/14 report, the treater states "Lidoderm patches on the low back and central spine as well as knee helps if pain increases. They help to decrease stiffness and pain when it is increased." California 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." ODG guidelines for pain (chronic), 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 has documented that use of Lidoderm patches were effective and helpful for patient when applied to affected area. However, it's used for low back pain for which Lidoderm patches are not indicated. Lidoderms are indicated for peripheral, localized neuropathic pain. The request is not medically necessary.