

Case Number:	CM15-0007223		
Date Assigned:	01/26/2015	Date of Injury:	10/18/2012
Decision Date:	03/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 injured worker is a 46 year old male who sustained an industrial injury on 10/18/2012. He has reported low back after the excavator he was operating hit a metal trench plane. The diagnoses have included lumbar radiculopathy, lumbar degenerative disc disease, sacro-ilitis and lumbar facet pain. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation), lumbar traction, home exercises and medication management. Currently, the IW complains of lower back and left lower extremity pain. Treatment plan included Lidoderm Patch 5% #30. On 12/12/2014, Utilization Review non-certified review of Lidoderm Patch 5% #30, noting a lack of diagnosis of localized peripheral pain. The MTUS was cited. On 12/31/2014, the injured worker submitted an application for IMR for Lidoderm Patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition for which Lidoderm is indicated and supported under ODG guidelines. This medication is not supported for treatment of osteoarthritis or myofascial pain.