

Case Number:	CM15-0102805		
Date Assigned:	06/05/2015	Date of Injury:	05/23/1995
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 5/23/95. The injured worker was diagnosed as having long term use of medications, back pain, lumbar radiculopathy, depressive disorder, trigger finger and post laminectomy syndrome. Treatment to date has included oral medications including Norco and Celebrex, topical medications including Lidoderm patches, lumbar laminectomy, repair of right and left trigger finger, gluteal injections, physical therapy and home exercise program. Currently, the injured worker complains of back pain rated 7/10 with radiation to right buttock and down to right hamstrings. Last urine drug screen performed on 1/19/15 was appropriate. Physical exam performed on 4/27/15 was unremarkable. The treatment plan included refilling of oral and topical medications, continuation of home exercise program and follow up appointment. A request for authorization was submitted for Lidoderm patches, Senna, Metamucil powder, Norco and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches (brand name only), 1-3 per day, 12 hr on/ 12 hr off, Qty 90, refills not specified: 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) Page(s): 56-57, 111-113.

Decision rationale: The patient presents with low back pain rated 7/10 with radiation to right buttock and down to right hamstrings. The current request is for Lidoderm patches (brand name only), 1-3 per day, 12 hr on/12 hr off, Qty 90, refills not specified. The treating physician states, in a report dated 04/27/15, "Rx refill Lidoderm patches, brand name only. 1 to 3 per day for 12 on, 12 hr off, #90 for topical pain relief to back. Failed Gabapentin and was denied Lyrica." (24C) The MTUS guidelines state, "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." When reading ODG guidelines, 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 treating physician, based on the records available for review, has failed to document any localized peripheral pain, noting that the patches are for "topical pain relief to the back." This is insufficient to recommend continued use of the patches. The current request is not medically necessary.