MAXIMUS Federal Services

Case Number:	CM15-0109751		
Date Assigned:	06/16/2015	Date of Injury:	09/27/2004
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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
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 66 year old male, who sustained an industrial injury on 9/27/04. The medical reports submitted are difficult to decipher. The injured worker was diagnosed as having lumbar spine sprain/strain. Treatment to date has included physical therapy, ice, TENS, and medication. Currently, the injured worker complains of back pain. The treating physician requested authorization for topical Lidoderm patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm Patch 5 Percent Unspecified Qty: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Topical analgesic, Pain Outcomes and Endpoints Page(s): 56-57, 111-113, 8-9. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter. Lidoderm patches.

Decision rationale: The patient presents on 05/15/15 with ADL limitations. The progress note is handwritten and largely illegible. The patient's date of injury is 09/27/14. Patient has no documented surgical history directed at this complaint. The request is for topical Lidoderm patch 5 percent (unspecified quantity). The RFA was not provided. Physical examination dated 05/15/15 notes that the patient moves cautiously, and that unspecified deep tendon reflexes are intact. The remaining physical findings are illegible. The patient is currently prescribed Lidoderm patches. Diagnostic imaging was not included. Per 05/15/15 progress note, patient is retired. MTUS Chronic Pain Medical Treatment 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." 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 documented for pain and function. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the request for Lidoderm patches for this patient's chronic lower back pain, such patches are not indicated for this patient's chief complaint. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back pain with a radicular component (positive straight leg raise is noted in 01/09/15 progress note), not a localized neuropathic pain amenable to Lidocaine patches. Furthermore, this patient has been prescribed Lidoderm patches since at least 01/09/15, with no documentation of efficacy in the subsequent reports. Owing to a lack of guideline support for this patient's chief complaint, and the lack of documented efficacy, continuation of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.