

Case Number:	CM15-0141304		
Date Assigned:	07/31/2015	Date of Injury:	10/10/2012
Decision Date:	09/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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 54 year old female, who sustained an industrial injury on 10-10-2012. She reported low back pain while positioning a patient. The injured worker was diagnosed as having lumbosacral spondylosis, sciatica, acquired spondylolisthesis. Treatment to date has included medications, lumbar epidural steroid injection, and magnetic resonance imaging of the lumbar spine (4-16-2013). The request is for Lidoderm 5% patches. On 2-26-2015, she reported low back and intermittent leg pain. She continued to utilize Norco and Lidoderm patches. She requested a lumbar epidural steroid injection as she had good response with one previously. She is noted to be straight leg raise positive on the right. The treatment plan included: Lidoderm patches, and Hydrocodone-acetaminophen, and a trial of TENS unit. She is noted to respond reasonably well to a small amount of Norco and Lidoderm patches. On 5-11-2015, she is reported as undergoing lumbar epidural steroid injection treatment for low back pain with radiation into the right lower extremity. She reported 3-4 months of 50% pain relief with a previous injection in July 2014. She utilizes Norco which she indicated to give her 50% pain relief with no adverse effects. The treatment plan included: lumbar epidural steroid injection. She is on restricted duty. On 8-10-2015, she reported severe back pain and leg pain. The treatment plan include: discontinuing Gabapentin, and prescriptions for Neurontin and Hydrocodone-acetaminophen. She is on restricted duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lidoderm 5% patch 700mg/patch #60 refill 2: 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 (lidocaine patch) Page(s): 56.

Decision rationale: The patient was injured on 10/10/12 and presents with low back pain. The request is for a purchase of lidoderm 5% patch 700 mg/patch #60 refills 2. There is no RFA provided and the patient has the following work restrictions: restricted to lifting up to 10 lbs, restricted in squatting, restricted in kneeling, restricted to alternating between standing and sitting as needed by pain. MTUS Guidelines, Lidoderm (lidocaine patch), page 56 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)". MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain". ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the 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. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has an antalgic gait, a limited lumbar spine range of motion, and spasm/guarding. She is diagnosed with lumbosacral spondylosis, sciatica, and acquired spondylolisthesis. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Furthermore, review of the reports provided does not indicate how Lidoderm patches have impacted the patient's pain and function. The requested Lidoderm patch is not medically necessary.