

Case Number:	CM15-0145949		
Date Assigned:	08/07/2015	Date of Injury:	06/18/1999
Decision Date:	09/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 68 year old male, who sustained an industrial injury on 06-18-1999. The injured worker is currently diagnosed as having chronic lower back pain, lumbosacral degenerative disc disease, and chronic pain syndrome. Treatment and diagnostics to date has included exercises, stretching, use of massage chair, and medications. In a progress note dated 06-16-2015, the injured worker reported chronic lower back pain. Objective findings included a mildly antalgic gait with postural guarding and stiffness in his lower back. The treating physician reported requesting authorization for Lidoderm patches to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #2 boxes of 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Lidoderm patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

Decision rationale: The 68 year old patient complains of chronic lower back pain, rated at 5-6/10, radiating to bilateral buttocks, as per progress report dated 06/16/15. The request is for LIDODERM 5% PATCH #2 BOXES OF 5. The RFA for this case is dated 06/16/15, and the patient's date of injury is 06/18/99. Diagnoses, as per progress report dated 06/16/15, included chronic low back pain, lumbosacral degenerative disc disease, and chronic pain syndrome. The progress reports do not document the patient's work status. MTUS guidelines page 56 and 57, Lidocain (Lidoderm patch) section 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." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology...A Trial of patch treatment is recommended for a short-term period (no more than four weeks)...This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points...The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day)...Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." In this case, Lidoderm patch is first noted in progress report dated 02/12/15, and the patient has been using the topical consistently since then. It is not clear when Lidoderm was first prescribed. As per progress report dated 06/16/15, medications keep the patient functional and he does not have any side effects from them. In a prior progress report, dated 04/07/15, the treater states that medications help the patient as he "takes care of his property and he takes care of his 90-year old mother." In progress report dated 08/11/15 (after the UR denial date), the treater states that the patient used one Lidoderm patch at night and that helped him sleep well. Without Lidoderm, he wakes up every 2 hours and doesn't get good sleep. Lack of sleep is leading to more pain during the day and increasing his need for Norco. While Lidoderm appears effective, there is no documentation of neuropathic localized peripheral pain for which the patch is indicated by MTUS and ODG. Hence, the request IS NOT medically necessary.