MAXIMUS Federal Services

Case Number:	CM15-0163177		
Date Assigned:	08/31/2015	Date of Injury:	05/28/1998
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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 female who sustained an industrial injury on May 28, 1998 resulting in low back pain. Diagnoses include lumbosacral disc degeneration and lumbago. Documented treatment has included oral and topical medication including Lidoderm patches which the injured worker states helps reduce her pain. The injured worker continues to present with low back pain. The treating physician's plan of care includes continuation of Lidocaine patches twice a day to the low back area. June 15, 2015 work status report states she is on disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches; apply BID (2 times a day) to low back area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Topical Analgesics Page(s): 56-57, 112.

Decision rationale: The patient presents with pain in the low back and bilateral knees. The request is for LIDOCAINE PATCHES; APPLY BID (TWO TIMES A DAY) TO LOW BACK AREA. Physical examination to the lumbar spine on 05/19/15 revealed tenderness to palpation. Patient's medications, per 06/15/15 progress report include Norco and Lidoderm Patch. Per 06/15/15 work status report, patient is on disability. MTUS Guidelines pages 56 and 57, Lidoderm (Lidocaine 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)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', 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. The treater does not discuss this request. Patient has received prescriptions for Lidoderm Patch from 02/19/15 through 06/15/15. However, the treater has not discussed how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, the guidelines do not recommend this medication for axial spinal pain. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.