

Case Number:	CM15-0183286		
Date Assigned:	09/24/2015	Date of Injury:	06/18/1991
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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 71 year old male, who sustained an industrial injury on 6-18-1991. A review of the medical records indicates that the injured worker is undergoing treatment for depressive disorder, continuous opioid type dependence, Lumbalgia, chronic pain syndrome, and insomnia. On 6-9-15, the injured worker reported chronic back pain. The most recent Treating Physician's report submitted for review dated 6-9-2015, noted the injured worker's pain rated at least a 10 and at worse a 10, decreased by medication, consistent with previous visit of 5-12-2015. The physical examination was noted to show the lumbar spine with decreased range of motion (ROM) in all planes with tenderness to palpation and spasm of the lumbar paraspinous area. The injured worker was noted to be on blood thinners. The Physician noted the injured worker was experiencing increased low back pain consistent with severe muscle spasms with the injured worker reporting a CT scan revealed no discogenic pathology. The treatment plan was noted to include the medications of Norco and Lidoderm, prescribed since at least May 12, 2015. A request for authorization was noted to include requests for Oxycodone 10mg #30 and Lidocaine patches. The Utilization Review (UR) dated 8-20-2015, certified the request for Oxycodone 10mg #30 and non-certified the request for Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 07/15/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with pain affecting the low back. The current request is for Lidocaine patches. The treating physician report dated 5/12/15 (54B) notes a prescription for "Lidoderm Patch 5%, #60." The MTUS guidelines state Lidoderm is "Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized neuropathic 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." In this case, there is no evidence in the documents provided that the patient underwent any first-line therapy. Furthermore, the physician has not documented that the patient presents with localized peripheral neuropathic pain and there is no documentation that prior Lidoderm usage provided any functional improvement for the patient. Additionally, the current request does not specify a quantity of patches to be prescribed to the patient and the MTUS guidelines do not support an open-ended request. Lastly, the current request does not specify the percentage of lidocaine administered per patch and therefore does not satisfy the guidelines. The current request is not medically necessary.