

Case Number:	CM15-0184982		
Date Assigned:	09/25/2015	Date of Injury:	05/23/2008
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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 67-year-old male who sustained an industrial injury on May 23, 2008. A recent primary treating office visit dated August 26, 2015 reported subjective complaint of "low back pain radiates to right hip, buttock rated an 8 out of 10 in intensity." Current medication regimen consisted of: "MS Contin, Soma, Norco, and Lidoderm patches. The assessment found: history of lumbar injury, status post decompression with revision and fusion at L3-4 with moderate central spinal canal stenosis of adjacent segment at L4-5, and chronic low back pain, right buttock pain. Pain management follow up dated August 26, 2015 reported "continuing to have low back pain, which radiates into the right hip and upper buttock." His medication regimen consisted of: MS Contin twice daily with Norco one tablet daily for break through pain as well as Soma twice daily. There is note of: "he has also been borrowing Lidoderm patches from his wife, he feels that the Lidoderm patches helped him tremendously and allows him to remain more consistent with his oral medication regimen." The plan of care is with recommendation to continue current medications included Lidoderm patches one daily for flares of pain in the low back in the evening. On August 27, 2015 a request was made for 5% Lidoderm patches #30 with two refills which was non-certified due to lack of documented trial of first line medications for neuropathic pain the medical necessity was not established. On September 15, 2015 Utilization Review assessed the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with low back pain, radiating to the right hip and the upper buttock. The request is for Lidoderm Patch 5% #30 with 2 refills. Patient is status post lumbar spine surgery, 09/24/10. Physical examination to the lumbar spine on 08/06/15 revealed tenderness to palpation to the central and left lumbosacral area. Range of motion was noted to be decreased in all planes with pain. Per 08/27/15 Request for Authorization form, patient's diagnosis include s/p fusion, and HNP. Patient's medications, per 08/26/15 progress report include MS Contin, Soma, Norco, and Lidoderm Patch. Patient is retired. MTUS Chronic Pain Medical Treatment 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. In progress report dated 08/18/15, the treater is prescribing Lidoderm patch once daily for the flares of pain in the low back in the evening. Review of the medical records provided indicate that the patient has been utilizing Lidoderm Patches since at least 08/06/15. However, the treater does not document any improvement in function or reduction in pain due to its use. MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, the guidelines indicate Lidoderm Patches for localized, peripheral neuropathic pain, which this patient does not present with. The request does not meet guideline recommendations and therefore, is not medically necessary.