MAXIMUS Federal Services

Case Number:	CM15-0188032		
Date Assigned:	09/29/2015	Date of Injury:	07/12/2013
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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 31 year old male, who sustained an industrial injury on 7-12-2013. Diagnoses include lumbar disc herniations with neural foraminal narrowing, facet arthropathy, radiculopathy, status post lumbar surgery on 8-7-14. Treatments to date include activity modification, medication therapy, physical therapy, and an epidural injection. The medical records submitted had a discrepancy in the Norco dose currently used and prescribed. In April 2015, the Norco 7.5mg was decreased to Norco 5-325mg, however, the visits following continued to document Norco 7.5mg-325mg was currently used and prescribed and also documented that the dose was 5mg. On 7-16-15, he complained of chronic low back pain, but that "overall the pain has improved somewhat with time." Current medications included Norco 7.5mg-325mg, Flexeril 7.5mg, and Cymbalta. Medications were documented to provider 50-60% relief of pain and allows for increased functional ability, evidenced by increased tolerance to ambulation. The physical examination documented limited lumbar extension secondary to increased pain, pain with facet loading, and positive straight leg raise bilaterally. The plan of care included recommendation to proceed with authorized lumbar transforaminal epidural injection and ongoing medication therapy. The appeal requested authorization for Lidoderm Patches, #1 box. The Utilization Review dated 9-10-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches # 1 box: 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 down both lower extremities. The request is for Lidoderm patches #1 box. The request for authorization is not provided. The patient is status post microlumbar decompressive surgery on the left at L5-S1, 08/07/14. Patient's diagnoses include lumbar radiculopathy; lumbar facet arthropathy; lumbar disc herniations with neural foraminal narrowing. Physical examination of the spine reveals surgery site is intact, Pain with lumbar facet loading, Decreased range of motion due to increased pain. Hyperesthesia left L4 dermatome. SLR on the left at 40 degrees causes radiation of pain down left leg to calf; SLR on the right at 40 degrees causes radiation of pain down right leg to posterior thigh. Patient's treatment history includes 20 visits post-operative therapy which helped decrease pain and allowed him to increase his walking distance by at least 30 minutes. Patient is recommended to continue a home exercise program as tolerated. Patient's medications include Norco, Flexeril, and Cymbalta. Per progress report dated 07/16/15, the patient is temporarily partially disabled. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 57 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." Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Lidoderm Patch as none of the provided medical records document this medication. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. In this case, the patient presents with low back and leg symptoms. Lidoderm is not recommended for axial low back pain and the radicular symptoms are diffuse, and non-localized. Lidoderm would not be indicated. The request is not medically necessary.