

Case Number:	CM15-0190851		
Date Assigned:	10/05/2015	Date of Injury:	11/01/2010
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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 55 year old male, who sustained an industrial injury on 11-1-10. The injured worker was diagnosed as having lumbar back pain; lumbosacral spine contusion-sprain-spondylosis; exacerbation of permanent and stationary state. Treatment to date has included physical therapy; TENS unit; chiropractic therapy; right wrist support; lumbar support; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 8-11-15 indicated the injured worker complains of low back pain but reports to this provider a new injury involving "left chest rib fracture". He is being treated by another provider for this claim. He reports that due to the chest injury, the condition of his low back is not improving as much as expected. The provider notes "We only finalized the chiropractic treatment and his pain in his low back is "still 5 out of 10, sharp, but rare. Only bending forward increases pain, while standing, stretching, and changing positions, decreases in pain. Now the patient is off work due to rib fracture and that helped to keep the pain in the lumbosacral spine in control. Currently he is using Motrin 600mg p.o. t.i.d. which is prescribed for his rib fracture and does not require new medication. The patient asked about Lidoderm patches, which previously were very effective decreasing pain in low back." On physical examination, the provider documents "Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well-preserved with no splinting. Gait is not antalgic, able to get on and off examination table without assistance, difficulty walking tip to toes. Lumbosacral palpation from L1 to the sacrum today display tenderness to palpation of mild-to-moderate degree of bilateral paralumbar muscles, right more than left. Still spasm on the right-sided paralumbar muscles. No palpable trigger point, normal lordosis. Range of motion is restricted, extension is uncomfortable. Straight leg

raising test is equivocal to positive on the right side. Palpation reveals no tender points of the hips. The greater trochanter, anterior hip joint and deep gluteal region are nontender. There is no palpable crepitus or clicking. Hip joint range of motion is full and equal to the opposite normal side. Passive motion ranges are equal to action motion ranges. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities." His treatment plan was to continue home exercise; focus on ranges of motion of the lumbosacral spine and strength of bilateral lower extremities. He prescribed Motrin and Lidoderm Patches. A Request for Authorization is dated 10-19-15. A Utilization Review letter is dated 9-18-15 and non-certification for Lidoderm patch 5% (#30). A request for authorization has been received for Lidoderm patch 5% (#30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches 12 hours per day #30: 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), Topical Analgesics.

Decision rationale: The patient presents with pain in the low back. The request is for Lidoderm 5% patches 12 hours per day #30. Physical examination to the lumbar spine on 09/10/15 revealed tenderness to palpation in the middle and the left side of the low back near the lumbosacral junction with spasm. Range of motion was noted to be decreased. Per 09/15/15 Request For Authorization form, patient's diagnosis includes spinal stenosis. Patient's medications, per 08/11/15 progress report include Motrin and Lidoderm Patch. Patient is permanent and stationary. 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 09/10/15, the treater states that the patient was getting some benefits with Lidoderm Patches. Review of the medical records provided indicates that the patient has been utilizing Lidoderm Patches since at least 06/09/15. However, the treater does not document any specific 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.