

Case Number:	CM15-0193833		
Date Assigned:	10/07/2015	Date of Injury:	11/06/2002
Decision Date:	11/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/02/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 81 year old male sustained an industrial injury on 11-6-02. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar degenerative disc disease and stenosis. Previous treatment included physical therapy, chiropractic therapy, selective nerve root block, injections and medications. In a progress note dated 6-11-15, the injured worker complained of low back pain, rated 8 out of 10 on the visual analog scale, with radiation to the right lower extremity. The injured worker reported that selective nerve root block at L4-5 and L5-S1 on 3-26-14 provided him with 60% relief of pain for about 15 months but his pain had slowly returned. The injured worker stated that he had a very good response from Lidoderm patches prescribed in December 2014. Neurontin did not provide him with pain relief. Physical exam was remarkable for tenderness to palpation to the low back with "limited" range of motion, positive bilateral straight leg raise. The injured worker received a Toradol injection during the office visit. The treatment plan included requesting authorization for Lidoderm patches. On 9-9-15, Utilization Review noncertified a request for topical Lidoderm patches 5% #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Topical Lidoderm patches 5% qty: 30 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm patches.

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

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect (in terms of percent reduction in pain or reduced NRS) or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Medication-Topical Lidoderm patches 5% qty: 30 refills: 3 are not medically necessary.