

Case Number:	CM15-0206484		
Date Assigned:	10/23/2015	Date of Injury:	06/18/1999
Decision Date:	12/04/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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:

The injured worker is a 68 year old male who sustained an industrial injury on 06-18-1999. According to a progress report dated 08-11-2015, the injured worker was seen in regards to his low back pain. Pain was not characterized in this report. Lidoderm patches were denied. He reported that Lidoderm patches took away the pain enough to allow him to sleep through the night. Now that he did not have the patches for the last few weeks, he woke up every two hours to change his position and was not getting a good night sleep. Gait was normal and non-antalgic. He did not exhibit any pain behaviors or aberrant behaviors. Affect was appropriate and pleasant. He did not exhibit "much difficulty" sitting down or standing up from the chair. Strength in the bilateral lower extremities was grossly 5 out of 5. Diagnoses included chronic lower back pain and lumbosacral degenerative disc disease. The treatment plan included Hydrocodone-APAP and Lidoderm patches. Follow up was indicated in four weeks. According to a progress report dated 09-10-2015, low back pain was rated 7-8 on a scale of 1-10 depending on activity. Lidoderm patches still had not been authorized. In the evening after the day's work, he had increased pain and stiffness. He was waking up frequently during the night with stiffness. Medications included Hydrocodone-APAP and Lidoderm patches for the lower back (not authorized). The provider noted that medications kept the injured worker functional. He took care of his mother and did household chores. The treatment plan included Norco and Lidoderm patches. Documentation shows treatment to date has included Hydrocodone-APAP, Tramadol and Lidoderm patches and chiropractic care. On 09-16-2015, Utilization Review non-certified the request for Lidoderm patches 5% #3 boxes and authorized the request for Hydrocodone-APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #3 boxes: 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, Pain, Lidoderm (lidocaine patch).

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

Decision rationale: The requested Lidoderm patches 5% #3 boxes is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has low back pain that was rated 7-8 on a scale of 1-10 depending on activity. Lidoderm patches still had not been authorized. In the evening after the day's work, he had increased pain and stiffness. He was waking up frequently during the night with stiffness. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patches 5% #3 boxes is not medically necessary.