MAXIMUS Federal Services

Case Number:	CM15-0020916		
Date Assigned:	02/10/2015	Date of Injury:	09/23/2014
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/04/2015

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 44 year old male, who sustained a work/ industrial injury on 9/23/14 from bending and lifting. He has reported symptoms of bilateral muscle spasm and pain (R>L) with radiation to both lower extremities. Prior medical history was not documented. The diagnosis included low back pain. Treatments to date included medication, lumbar back brace, and physical therapy. Medications included Tylenol, Norco, Soma, and Flexeril. According to the primary treating physician's progress report dated 12/15/14, he were to return to modified duties with work restrictions to include no lifting, repetitive lifting, no carry over, no walking more than 10 minutes, no standing or sitting and more than 30 minutes, and to allow for breaks. The IW continued to have back pain that was 5/10. Exam noted decreased range of motion and strength of the back due to spasm, neurovascular was intact in the bilateral lower extremities, deep tendon reflex was 2+ in the bilateral lower extremities. There was no foot drop and paresthesia. A request was made for Lidoderm 5% patch for pain control. On 1/21/15, Utilization Review non-certified a Lidoderm 5% patch #30, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient is a 44 year old male who presents with low back pain rated 8/10. The patient's date of injury is 09/23/14. Patient has no documented surgical history directed at this complaint. The request is for LIDODERM 5% PATCH #30. The RFA is not provided. Physical examination dated 01/26/15 reveals pain on palpation to the lumbar paraspinal muscles and spasm, decreased range of motion in all planes, otherwise normal neurological function in lower extremities, no foot drop bilaterally. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is advised to return to work on 01/26/15 with restrictions. MTUS Chronic Pain Medical Treatment guidelines, page 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." When reading ODG guidelines, 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 documented for pain and function. In regards to the request for additional Lidoderm patches for the management of this patient's chronic intractable pain, the patient does not present with peripheral and localized neuropathic pain. The patient has low back pain without radiating leg symptoms or neurological deficit. This is not a localized neuropathic pain amenable to topical Lidocaine patches. These patches are not indicated for low back pain without a localized neuropathic etiology. Furthermore, no evidence is provided that this patient has failed first line anti-depressant or AED therapy. Therefore, the request IS NOT medically necessary.