

Case Number:	CM15-0026118		
Date Assigned:	02/18/2015	Date of Injury:	02/19/2010
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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 53-year-old female who sustained an industrial injury on 2/19/10. The injured worker reported symptoms in the back and sacroiliac joint. The diagnoses included sacroilitis right, lumbar degenerative disc disease, chronic pain syndrome, muscle pain, sacroiliac joint pain and depression. Treatments to date include oral analgesics, oral muscle relaxant medications, non-steroidal anti-inflammatory drugs, proton pump inhibitor, status post sacroiliac joint ablation, injections, and activity modification. In a progress note dated 12/23/14 the treating provider reports the injured worker was with "numbness, burning, and stabbing in the low back on the right, right buttock and right leg rates her pain as an 8-9/10 in intensity". On 2/4/15 Utilization Review non-certified the request for a Lidoderm 5% patch #90. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 was injured on 02/19/10 and presents with low back pain and right buttock pain. The request is for LIDODERM 5% PATCH #90. The RFA is dated 01/28/15 and the patient has work restrictions. She is not allowed to lift over 25 pounds, no prolong sitting/standing/walking over 15 minutes, and no repetitive use of lower extremities. MTUS 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 (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS 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, documenting pain and function. The treater does not indicate where these patches are applied to or if the patient presents with neuropathic condition that is localized. She describes her pain as numbness, burning, and stabbing in the low back on the right, right buttock, and right leg. The patient has an irregular heartbeat, fatigue, joint pain/swelling, vertigo, depression, insomnia, and shortness of breath. Sacroiliac joints are tender bilaterally, Patrick's sign is positive, Gaenslen's maneuver is positive, there is tenderness over the paraspinals, and there is increased pain with flexion/extension. The patient is diagnosed with sacroilitis right, lumbar degenerative disc disease, chronic pain syndrome, muscle pain, sacroiliac joint pain and depression. Treatments to date include oral analgesics, oral muscle relaxant medications, non-steroidal anti-inflammatory drugs, proton pump inhibitor, status post sacroiliac joint ablation, injections, and activity modification. Although the patient does have neuropathic pain, there is no indication of this pain being localized, as required by MTUS guidelines. Therefore, the requested Lidoderm patches IS NOT medically necessary.