

Case Number:	CM15-0214324		
Date Assigned:	11/04/2015	Date of Injury:	10/22/2002
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This 45 year old female sustained an industrial injury on 10-22-02. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome, chronic low back pain with left leg pain, chronic neck pain upper extremity pain, chronic headaches and intermittent stomach pain and indigestion. Recent treatment consisted of medication management. The injured worker's medication regimen had included Lidoderm patches (since at least March 2015) that were discontinued on 5-21-15 and restarted on 7-30-15. In a pain management reevaluation dated 7-30-15, the injured worker complained of ongoing low back pain with radiation down the left leg, associated with numbness and coldness of the right foot, cervical spine with radiation to bilateral hands associated with numbness and tingling and intermittent moderate headaches. The injured worker reported greater than 50% reduction of pain and increase in activities of daily living with her current medications (Gabapentin, Norco, Fexmid, Promolaxin, Clonazepam and Anaprox). The physician noted that random drug screen (7-2-15) was consistent with prescribed medications and Cures report (3-26-15) showed that the injured worker only received medications from one physician and pharmacy. Physical exam was remarkable for lumbar spine with tenderness to palpation of the paraspinal musculature, positive bilateral straight leg raise, decreased range of motion, 4 out of 5 left lower extremity strength and 3 out of 5 sensation at the left L5-S2 distribution. The treatment plan included continuing medications (Norco, Neurontin, Ibuprofen, Clonazepam, Dendracin lotion, Fexmid, Promolaxin, Omeprazole, Lidoderm patches and Gabapentin). On 10-6-15, Utilization Review noncertified a request for Lidoderm patches 5%, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, #60: Upheld

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

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

Decision rationale: The current request is for Lidoderm patches 5%, #60. Treatment history includes medications. The patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 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 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. Per report 07/30/15, the patient presents with ongoing low back pain with radiation down the left leg, associated with numbness and coldness of the right foot. The patient also reported cervical spine pain with radiation to the bilateral hands associated with numbness and tingling and intermittent moderate headaches. Physical exam was remarkable for tenderness to palpation of the paraspinal musculature, positive bilateral straight leg raise, decreased range of motion, 4 out of 5 left lower extremity strength and 3 out of 5 sensation at the left L5-S2 distribution. The treater prescribed "Lidoderm 5% patches over the left low back every 12 hours." Review of the medical file indicates that the patient was previously prescribed Lidoderm patches, which were subsequently discontinued on 05/21/15 and restarted on 07/30/15. In this case, the patient presents with neck and back pain, for which Lidoderm patches are not indicated. MTUS states that Lidocaine patches are for neuropathic pain that is peripheral and localized, and are not indicated for axial spine pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.