

Case Number:	CM15-0089939		
Date Assigned:	05/14/2015	Date of Injury:	04/11/1995
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 57 year old female, who sustained an industrial injury on 4/11/95. The injured worker was diagnosed as having low back pain, left lower extremity radiculopathy, left lower extremity L5-S1 radiculopathy, left L5-S1 herniation, multilevel degenerative changes, and cervical pain. Treatment to date has included home exercise and medications such as Zohydro ER, Vicodin, and Lidoderm patches. A physician's report dated 4/14/15 noted Lidoderm patches have reduced neuralgia without sedation when applied to her calf and along the path of the sciatic nerve. The injured worker had been using Lidoderm patches since at least 10/28/14. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Lidoderm patch 5% #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% x 120, refill 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Benzodiazepine Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 57,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, lidoderm (lidocaine patch).

Decision rationale: The 57 year old patient presents with lower back pain, left lower extremity radiculopathy, left L5-S1 herniation, multilevel degenerative disease, cervical pain, sleep deficiency, poor opioid tolerance, depression secondary to pain, and obesity, as per progress report dated 04/14/15. The request is for LIDODERM PATCH 5% X 120, REFILL 0. The RFA for the case is dated 04/14/15, and the patient's date of injury is 04/11/95. Medications, as per progress report dated 04/14/15, included Zohydro ER, Acetaminophen, Vicodin, Diazepam, Lidocaine, and Lidoderm patches. The patient is working, as per the same progress report. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tree-cyclic or SNRI anti-depressants or an AED such as parenting or Lyrics)." 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 epidermal 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. In this case, a prescription for Lidoderm patch is noted in progress report dated 01/13/15. In the report, the treater states that the patient's "Lidoderm patches are indispensable during the very cold weather when her pain is exacerbated upon waking up daily, as the morning temperatures have been in the 20s at her home..." In another progress report dated 04/14/15, the treater states that "Lidoderm patches have reduced neuralgia without sedation when applied to her calf and along the patch of the sciatica nerve." In progress report dated 05/12/15, after the UR date, the treater states that UR denied the medication as they failed to notice the patient's "ability to work." It is evident that the patient suffers from neurologic pain and has benefited from Lidoderm patch. Given the impact of the patch on pain and function, its use appears reasonable and IS medically necessary.