

Case Number:	CM15-0241431		
Date Assigned:	12/18/2015	Date of Injury:	03/01/1996
Decision Date:	01/28/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/10/2015

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, Hawaii
 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 was a 56 year old female, who sustained an industrial injury on January 22, 2004. The injured worker was undergoing treatment for post laminectomy syndrome, cervical radiculopathy, lumbar radiculopathy and cervical pain and failed back syndrome. According to progress note of November 2, 2015, the injured worker's chief complaint was lumbar pain. The injured worker reported increase lumbar pain with numbness and tingling to the soles of the feet. The injured worker rated the pain at 4 out of 10 with pain medications and 9 out of 10 without pain medication. The injured worker quality of sleep was fair. The exam noted restricted range of motion with flexion of 70 degrees, limited by pain and extension limited to 15 degrees, due to pain. There was tenderness of the paravertebral muscles with palpation, on both sides. There was no process tenderness noted. The FABER test was negative. The motor testing was limited by pain. The motor strength of the EHL was 4 out of 5 on both sides. The knee extensors were 4 out of 5 on the right and left. The sensory exam noted decreased sensation on both sides. The injured worker previously received the following treatments Ibuprofen, Zanaflex, Medrol, Cymbalta, Lidoderm patches 5% since May 18, 2015, Hydrocodone, Nabumetone, Docusate, Atenolol, transforaminal epidural steroid injection on both sides of at L5 and S1 on December 17, 2012 with 100% resolution of the radiation leg pain and 50% resolution of the lower back pain. The RFA (request for authorization) dated October 30, 2015; the following treatments were requested a prescription for Lidoderm Patches 5% #30 (30 day supply) with 1 refill. The UR (utilization review board) denied certification on November 17, 2015, for a prescription for Lidoderm Patches 5% #30 (30 day supply) with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Dis 5% (700mg/patch) #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with lumbar pain. The current request is for Lidoderm Dis 5% (700mg/patch) #30 with 1 refill. The treating physician states, in a report dated 11/02/15, "Lidoderm 5% Patch (700 Mg/patch) SIG: Apply for 12 hours per day." The MTUS guidelines state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine Indication: Neuropathic pain 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). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." In this case, the records do not indicate that in fact a trial of first-line therapy including anti-depressants or an AED such as gabapentin or Lyrica has been trialed and failed. Furthermore, the records are not specific as to which neuropathic pain the treatment is for. As such, the current request is not medically necessary.