

Case Number:	CM14-0128317		
Date Assigned:	09/05/2014	Date of Injury:	03/27/2011
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38 year old female injured on 03/27/11 due to an undisclosed mechanism of injury. The injured worker underwent bilateral L5-S1 decompression for herniated disc in October of 2012 with recurrent complaints of severe back pain extending to bilateral lower extremities. Diagnoses include degenerative disc disease in the lumbar spine, HNP of the lumbar spine, sciatica, and low back pain. Clinical note dated 07/17/14 indicated the injured worker utilizing Tramadol, Norco, and Soma for pain management. Physical examination revealed gait within normal limits, ability to walk on heels and toes with difficulty due to pain, no atrophy noted, tenderness in the mid-line of thoracolumbar spine to palpation, decreased range of motion of the lumbar spine by 50% of normal, motor strength of lower extremities 5/5 in all groups bilaterally, sensation to light touch intact in all dermatomes bilaterally, deep tendon reflexes 2+ and symmetrical bilaterally, seated straight leg raising test negative bilaterally, and sacroiliac joint tenderness not present. The documentation indicated the injured worker provided with refill with prescription for Norco and Lidoderm patches. Treatment plan also indicated Soma tablet 350mg every 6 hours PRN, Norco 325/10mg 1-2 tablets every 4-6 hours, and Lidoderm 5% 1 patch once a day. The initial request was non-certified on 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% 1 box with 2 refills (30/box): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm Patches 5% 1 box with 2 refills (30/box) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.