

Case Number:	CM14-0162447		
Date Assigned:	10/07/2014	Date of Injury:	09/03/2013
Decision Date:	10/31/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 41 year old male with an injury date of 09/03/13. Based on the 07/29/14 progress report, the patient complains of lower back pain that radiates down the right leg to the ankle. The patient has difficulty walking and takes Norco and Amitriptyline. The physical examination to the lumbar spine reveals decreased range of motion, especially on extension 0 degrees and straight leg raise is positive on the right at 30 degrees. The current diagnosis as of 07/29/14 includes chronic lumbar back pain with spinal stenosis noted on lumbar MRI scan of 10/29/13 with increased symptoms compared to January 2014; chronic right leg radicular symptoms; and hearing loss, rule out industrial causation. The current request is for Lidoderm patches. The utilization review determination being challenged is dated 09/06/14. The rationale is: "no documentation of neuropathic pain disorder." The records provided are for treatment dates from 04/04/14 - 07/29/14. Diagnosis 07/29/14- chronic lumbar back pain with spinal stenosis noted on lumbar MRI scan of 10/29/13 with increased symptoms compared to January 2014- chronic right leg radicular symptoms- hearing loss, rule out industrial [REDACTED] is requesting Lidoderm patches. The utilization review determination being challenged is dated 09/06/14. The rationale is: "no documentation of neuropathic pain disorder." [REDACTED] is the requesting provider, and he provided treatment reports from 04/04/14 - 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents with lower back pain that radiates down the right leg to the ankle. His diagnosis dated 07/29/14, includes chronic lumbar back pain with spinal stenosis and chronic right leg radicular symptoms. The request is for Lidoderm patches. MTUS Page 112 states, Lidocaine Indication are for neuropathic pain and recommended for localized peripheral pain. Official Disability Guidelines (ODG) specifies that Lidoderm is indicated for peripheral, localized pain that is neuropathic. In review of reports, the patient does not present with neuropathic pain that is peripheral or localized. The patient's potential radicular symptoms are diffuse and Lidoderm is not indicated for spinal pains. Therefore, this request is not medically necessary.