

Case Number:	CM14-0167001		
Date Assigned:	10/14/2014	Date of Injury:	04/03/2001
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 73 year old with an injury date on 4/3/01. The patient complains of low lumbar pain that has returned recently after a year of "doing well" per 8/21/14 report. The patient just finished a "prednisone pack from somebody else that helped a little," and is currently taking Lidoderm, Pennsaid, and Tramadol per 8/21/14 report. Based on the 8/21/14 progress report provided by [REDACTED] the diagnosis is lumbar radiculopathy. Exam on 8/21/14 showed "no acute distress, rises stiffly from sitting to standing." No range of motion testing was provided in the report. The patient's treatment history only included medications. [REDACTED] is requesting Lidocaine patch 5% #30 with 3 refills, and Diclofenac Sol 1.5% quantity 300 with 5 refills. The utilization review determination being challenged is dated 9/2/14 and denies Diclofenac as prolonged NSAID use is not indicated. [REDACTED] is the requesting provider, and he provided a single treatment report from 8/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Lidoderm) Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The provider has asked for Lidocaine patch 5% #30 with 3 refills on 8/21/14. It is not known how long patient has been using Lidoderm. MTUS guidelines page 57 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 anti-epilepsy drug such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading Official Disability Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." Official Disability Guidelines further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the provider does not document where the patient is using product and with what benefit. MTUS page 60 require documentation of function and pain reduction when medications are used for chronic pain. Lidoderm patches are not indicated for chronic low back pain, but peripheral neuropathic pain. Therefore, this request is not medically necessary.

Diclofenac Sol 1.5% Quantity: 300 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain - Oral NSAIDS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific.

Decision rationale: The provider has asked for Diclofenac Sol 1.5% quantity: 300 with 5 refills on 8/21/14. Review of the reports does not show any evidence of Diclofenac being used in the past. It is not known how long patient has been taking Diclofenac, but patient is currently on Diclofenac. Regarding NSAIDS, MTUS recommends topical NSAIDs for peripheral arthritis/tendinitis problems. In this case, the patient does not present with any peripheral arthritis/tendinitis problems. Topical NSAIDs are not recommended for axial spinal conditions, shoulder or hip problems. Therefore, this request is not medically necessary.