

Case Number:	CM14-0158456		
Date Assigned:	10/01/2014	Date of Injury:	02/14/2008
Decision Date:	01/02/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 41-year-old gentleman with a date of injury of 02/14/2008. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/06/2014, 07/08/2014 (two notes by separate physicians), 07/28/2014, 07/31/2014, and 08/25/2014 indicated the worker was experiencing lower back pain that went into the right leg; depressed mood; and right leg pain, weakness, tingling, and numbness. Documented examinations consistently described a painful walking pattern, decreased motion in the lower back joints, mildly decreased right leg strength compared with the left leg, decreased sensation in the right calf, tenderness at the junction between the base of the back and the pelvis, and positive testing involving the straightened right leg. The submitted and reviewed documentation concluded the worker was suffering from organic brain syndrome, issues related to an intracranial hemorrhage, lower back neuritis or radiculitis, and chronic pain syndrome. Treatment recommendations included oral and topical pain and psychiatric medications, consultation with neurosurgery, follow up care with neurology and psychology, a functional rehabilitation program if the worker was not a surgical candidate, a lower back brace, and laboratory studies. A Utilization Review decision was rendered on 12/02/2013 recommending non-certification for thirty Lidoderm 5% patches. A urinary drug screen test report dated 07/28/2014 was also reviewed. It is noted that while these results appeared inconsistent with the medications prescribed, the test was positive for a medication prescribed by a provider other than the one or ordered the screen and was negative for medications prescribed for use on an as needed basis only; the test results were therefore consistent with the regimen prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57 and 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part II - Pain Interventions and Treatments, Lidocaine and Topical Analgesics Page(s): 56-57 and.

Decision rationale: The MTUS Guidelines describe topical Lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical Lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (Gabapentin or Pregabalin) medications. The submitted and reviewed documentation concluded the worker was suffering from organic brain syndrome, issues related to an intracranial hemorrhage, lower back neuritis or radiculitis, and chronic pain syndrome. The worker was being treated for complex issues by a multidisciplinary team with a variety of interventions, including medications that have different pathways of correcting these issues. Gabapentin was among these medications. The complexity of the worker's issues warrants a multi-pronged approach to treatment. Further, the worker's clinical situation may create an increased risk with the use of restricted medications, and lower-risk interventions should be maximized. In light of this supportive evidence, the current request for thirty Lidoderm 5% patches is medically necessary.