

Case Number:	CM14-0161479		
Date Assigned:	10/03/2014	Date of Injury:	10/11/2004
Decision Date:	01/15/2015	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 44 year old male with an injury date of 10/11/04. The 05/25/14 progress report states that the patient presents with chronic lower back pain referring to the right lateral leg terminating in the whole foot causing the foot to fall asleep. The condition has been present for approximately 10 years. Examination of 07/30/14 shows right proximal hip weakness with lumbar range of motion restrictions with right side neural tension signs and decreased stance phase on the right side with some antalgic. The patient's diagnoses include: 1. Chronic right lumbar radiculopathy, either L5 and/or S1 pattern status post L5-S1 MLD (Microlumbar Discectomy) and L4-5 decompression with residual stenosis (07/30/14 report) 2. Poor tolerance with oral medications (07/30/14 report) 3. Postlaminectomy syndrome (12/16/14 report) 4. Persistent distal lumbar pain and radiating right leg pain and weakness with positive EMG findings and foraminal stenosis on MRI scan (12/16/14 report). Current medications as of 07/30/14 are listed as Celebrex and Gabapentin. The utilization review being challenged is dated 07/26/14. Reports were provided from 04/21/14 to 12/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #60 with 2 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56,57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

Decision rationale: The patient presents with Chronic lower back pain radiating to the right lateral leg to the whole foot. The treater requests for Lidoderm patch #60 with 2 refills per 07/09/14 report. The 07/26/14 Utilization review modified this request from 2 refills to no refills. MTUS Guidelines, Lidoderm (lidocaine patch) pages 56, 57 has the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. The treater states in the 07/09/14 report that this medication is intended for neuropathic pain and topical medication is needed due to the patient's poor tolerance or oral medication. It appears the patient is just starting this medication. The 09/10/14 report states the patient has used Lidoderm patch with some benefit. In this case, guidelines state that this medication is indicated for peripheral localized neuropathic pain. The patient does present with pain in the right leg and foot; however, this appears to be referred pain and not localized peripheral pain. The request is not medically necessary.

Flector patch #60 with 2 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The patient presents with Chronic lower back pain radiating to the right lateral leg to the whole foot. The treater requests for Flector patch #60 with 2 refills (an NSAID) per 07/09/14 report. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. It appears the patient is just starting this medication on 07/09/14 and the treater states use is as an anti-inflammatory to help control pain and improve level of functioning. The treater notes that patient has poor tolerance of oral medications. 09/10/14 report states the patient has used this Flector patch with some benefit. However, this medication is indicated for peripheral joint arthritis/tendinitis that does not appear to be present in this patient. The request is not medically necessary.