

Case Number:	CM14-0215169		
Date Assigned:	01/02/2015	Date of Injury:	04/26/2006
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female injured worker suffered an industrial injury on 4/26/2006. The details of the injury, accident and treatments were not included in the documentation provided. The current visits of 11/4/2014 and 12/2/2014 indicated the injured worker continued with low back pain. The exam revealed pain at the facet joints and tenderness along the hips with decreased range of motion. The diagnoses included lumbosacral spondylosis without myelopathy, displacement of lumbar disc without myelopathy and chronic pain syndrome. The injured worker was receiving physical therapy, facet joint injections, home exercise program, medications, and topical Lidoderm patches. The provider stated the patches were being used as needed for neuropathic pain and there was evidence the injured worker had increased functional level with the patches. The UR decision on 12/11/2014 denied the authorization for the Lidoderm as it was only recommended for neuropathic pain and there was not specific evidence of symptoms of neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation pain chapter, lidoderm patches

Decision rationale: The patient presents with pain in her lower back. The request is for LIDODERM PATCHES 5% #30. The patient is currently taking Tramadol, Lidoderm patch, Omeprazole, gabapentin, Celebrex, Loratadine, Metformin, Nortriptyline and Trazodone. The patient has been utilizing Lidoderm patch since at least 06/12/14. MTUS guidelines page 57 states, topical lidocaine may be recommended for localized perioheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Page 112 also states, Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain. When reading ODG 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. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. The reports show that the patient has been utilizing Lidoderm patch since at least 06/12/14 for low back pain and it appears to be helping the patient. The review of the reports states Lidocaine helps 50% with low back pain. However, this patient does not present with neuropathic pain that is peripheral and localized. The request IS NOT medically necessary.