

Case Number:	CM14-0216547		
Date Assigned:	01/06/2015	Date of Injury:	08/03/1987
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Internal Medicine

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 72 year old female with a date of injury as 08/03/1987. The cause of the injury was related to a fall. The current diagnoses include lumbar/lumbosacral disc degeneration, lumbago, pain lumbar spine, spondylosis without myelopathy lumbar, sacroiliitis, and neck pain. Previous treatments include oral and topical medications, physical therapy, and chiropractic therapy. Physician's reports dated 04/30/2014 through 10/15/2014 were included in the documentation submitted for review. Report dated 10/15/2014 noted that the injured worker presented for an initial visit with complaints that included neck and back pain. The injured worker stated that the back pain radiates to the posterior thigh. Physical examination revealed normal reflexes and distal sensation, mild spasm in the cervical and lumbar areas, tenderness to palpation in the facet, pericervical, paraspinous, and SI joint area, facet loading was positive, right shoulder sensation decreased, and range of motion is decreased. Fabere's test and Gaenslen's were positive bilaterally, sacral thrust was guarded bilaterally, and straight leg raise was positive on the left side for back pain only. The physician impression was mostly localized back pain with radiation to the left posterior leg. Differential diagnoses likely facet arthropathy versus SI joint dysfunction. Cervical spine pain mostly localized with minimal arm radiation, likely secondary to facet arthropathy. Plan was to continue current regimen of medications, the injured worker refused injections. None of the documentation submitted included the site that the injured worker was to apply the lidoderm patch. The injured worker is retired. The utilization review performed on 12/04/2014 non-certified a prescription for lidoderm patch for thirty days based on the treating physician did not specify the exact body part the patches are to be applied

to and there is no objective evidence of neuropathic pain. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical Analgesics Page(s): 56-57; 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The medical records do not document a trial of first-line therapy (tri-cyclic or serotonin and norepinephrine reuptake inhibitors anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm patch 5% #30 is not medically necessary.