

Case Number:	CM14-0217907		
Date Assigned:	01/07/2015	Date of Injury:	08/13/2013
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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:

This 35 year old female sustained a work related injury on 8/13/2013. The mechanism of injury was reported to be injury from trying to catch falling boxes. The current diagnoses are lumbosacral joint/ligament sprain/strain, intervertebral disc disease, lumbar facet syndrome, discogenic syndrome, myofascial pain, and lumbosacral neuropathy. According to the progress report dated 9/24/2014, the injured workers chief complaints were increased low back pain, 8/10 on a subjective pain scale. The pain was describes as constant soreness/tightness that occasionally radiates to bilateral knees (left greater than right) with numbness/tingling. The physical examination revealed tenderness to palpation over the paraspinal muscles, left greater than right. Range of motion of the lumbar spine was limited and painful. There was decreased sensation in the lower extremities, left greater than right. The medication list was not specified in the records provided. The injured worker was previously treated with medications, physical therapy, TENS, chiropractic, and acupuncture. On this date, the treating physician prescribed Lidoderm 5% patches, which is now under review. The Lidoderm patches were prescribed specifically for nerve pain. In addition to Lidoderm patches, the treatment plan included epidural steroid injection, TENS, ice/heat therapy, Cyclobenzaprine, Gabapentin, and Norco. EMG/NVC on 3/19/2014 showed left sided lumbar radiculopathy at L5. When the Lidoderm patches were prescribed work status was off work. On 12/2/2014, Utilization Review had non-certified a prescription for Lidoderm 5% patches. The Lidoderm patches were non-certified based on no documentation of the injured workers distribution of pain; sensory deficit is reported "globally"

in the left lower extremity. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, twenty count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine; Topical analgesic Page(s): 56-57,111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: The patient presents with low back pain. The request is for LIDOERM PATCHES 5%, 20 count with 1 refill. The report with the request is not provided. The patient has a limited lumbar spine range of motion, left-sided lumbar radiculopathy at L5, positive tenderness to palpation of the cervical/thoracic/lumbar spine, positive tenderness to palpation of the lumbar paraspinal musculature, decreased sensation in the lower extremity, and pain with lumbar spine movement. 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 (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica).' MTUS 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, documenting pain and function. The treater does not indicate where these patches will be applied to or if they will be used for neuropathic pain. In this case, the patient presents with low back pain, and the use of Lidoderm patches are not indicated for low back pain. It is indicated for peripheral pain that is neuropathic and localized which this patient does not present with. The requested Lidoderm patch IS NOT medically necessary.