

Case Number:	CM14-0080991		
Date Assigned:	07/18/2014	Date of Injury:	10/11/2000
Decision Date:	06/11/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 injured worker is a 53 year old female, who sustained an industrial injury on 10/11/2000. She has reported subsequent neck and back pain and was diagnosed with lumbar radiculopathy, lumbar degenerative disc disease and cervical pain. Treatment to date has included oral and topical pain medication, lumbar epidural steroid injection and a home exercise program. In a progress note dated 05/19/2014, the injured worker complained of neck and back pain radiating down the legs. Objective findings were notable for limited range of motion of the cervical and lumbar spine and tenderness of the cervical and lumbar paravertebral muscles. A request for authorization of Lidoderm patch for the focal back pain was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <http://www.acoempracguides.org/Chronic Pain;Table 2ACOEM> - <http://www.acoempracguides.org/cervical and Thoraicic spine; table 2ACOEM> - <http://www.acoempracguides.org/Low Back; Table 2>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Lidocaine Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Lidoderm.

Decision rationale: The most recent report provided is dated 05/19/14 and states the patient presents with neck and back pain radiating down the legs. The current request is for LIDODERM 5% PATCH #180. The RFA is not included, and the utilization review is dated 05/30/14. The patient is not working. 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 (tri-cyclic or SNRI anti-depressants 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, Pain Chapter on Lidoderm, 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 treating physician states this medication is for focal back pain. However, guidelines state this medication is indicated for localized, peripheral, neuropathic pain, and there is no evidence of this condition for this patient. In this case, the request IS NOT medically necessary.