

Case Number:	CM14-0096597		
Date Assigned:	09/03/2014	Date of Injury:	03/24/2008
Decision Date:	07/01/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 3/24/2008. Diagnoses include anxiety, chronic pain, degenerative lumbar/lumbosacral intervertebral disc, lumbago and unspecified neuralgia, neuritis and radiculitis. Treatment to date has included diagnostics, surgical intervention (per radiographic imaging) and medications. X-rays dated 3/04/2014 revealed posterior element fusion and laminectomy L4-S1. Magnetic resonance imaging (MRI) from 2012 was read by the evaluating provider as showing an L4-5 2mm disc bulge and L5-S1 annular tear. Per the Primary Treating Physician's Progress Report dated 5/28/2014, the injured worker reported low back pain. Physical examination revealed improved mobility, and improved range of motion of the lumbar spine, with tenderness to palpation diffusely over the low back, hyporeflexic reflexes bilaterally with absent ankle jerks. The plan of care included medications and authorization was requested for Lidoderm patches 5%, Butrans patches 5mcg/hr and Nucynta ER 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

Decision rationale: According to MTUS guidelines: "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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)." Since the IW has chronic radicular pain and has already been attempted a trial of a first-line therapy of Lyrica, then symptomatic management with topical Lidoderm is appropriate. This is supported by the clinic record which states that the IW has 70-80% improvement of pain and improvement of functional capacity with the medications. The peer reviewer stated that the medication is not supported since "documentation does not show evidence of neuropathic pain that would benefit from topical agent." From my review of the records, the IW reports neuropathic pain and has a diagnoses of "neuralgia neuritis and radiculitis." The peer reviewer also states that since the IW is already treated with a first line treatment than the topical lidocaine is not supported, however the cited guidelines state that the medication is only appropriate after "trial of first-line therapy." Based on the records reviewed and guidelines cited the requested treatment appears medically necessary.