

Case Number:	CM15-0170283		
Date Assigned:	09/10/2015	Date of Injury:	02/11/2015
Decision Date:	10/14/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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, Hawaii
 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 44 year old male, who sustained an industrial injury on 2-11-15. He reported low back and left leg pain. The injured worker was diagnosed as having lumbar disc herniation with radiculopathy and lumbar compression fracture at L3. Treatment to date has included physical therapy and medication. The injured worker had been using Lidoderm patches since at least June 2015. On 6-12-15 pain was rated as 4 of 10 without medication. Currently, the injured worker complains of low back pain and left leg pain. On 7-10-15 the treating physician requested authorization for Lidoderm 5% patch 700mg #30 with 1 refill. On 7-31-15 the request was non-certified; the utilization review physician noted "there is no documentation of localized peripheral pain after a trial of first-line therapy. As such, the request is non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch % (700mg/patch) apply for 12 hours per day qty: 30.00 refills: 1:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with acute pain in his lower back that radiates down to this left lower extremity with associated numbness and tingling in the bilateral feet. The current request is for Lidoderm patch 5%, 700mg patch applied for 12 hours per day, quantity 30 with 1 refill. The treating physician states on 6/12/15 (7B) "Patient to trial Lidoderm Patch 5% 700mg, apply for 12 hours per day topically to the affected area for localized pain relief, #30." MTUS Guidelines state, "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 Guidelines go on to also state, "Recommended for localized peripheral pain." When ODG is reviewed, 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. In this case, the treating physician documents pain that is consistent with a neuropathic etiology and is requesting a trial of the Lidoderm patch. However, the area for treatment is not designated nor is there documentation of a trial of first-line therapy. Therefore, the current request is not medically necessary.