

Case Number:	CM15-0173064		
Date Assigned:	09/15/2015	Date of Injury:	11/01/2011
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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

Certification(s)/Specialty: Family Practice

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 36 year old male who sustained an industrial injury on 11-1-11. Diagnoses were chronic back pain; lumbar radiculopathy, spondylosis, degenerative disc disease; thoracic spondylosis. Currently (7-7-15) he complains of continued worsening of his back pain by 50% since his last visit. His pain is in his upper lumbar spine and lower thoracic spine with radiation into both calves. His pain medication has been increased. The pain level was not enumerated. On physical exam of the thoracic spine there was guarding with range of motion, tenderness on palpation. He has been off work since 9-20-12. Diagnostics include MRI of the lumbar spine (6-17-15) showing annular fissure and mild disc degeneration; MRI of the lumbar spine (1-21-14) showing disc extrusion, disc degeneration, annular fissure, facet joint arthropathy. Treatments to date include medications: (current) Fentanyl, Testosterone, diazepam, Lidoderm Patch, Mobic, Norco, Cymbalta; injections; radiofrequency neurolysis (3-18-15); medial branch blocks (2-2-15) with benefit and his pain level went from 6 out of 10 to 2 out of 10. The request for authorization dated 8-5-15 indicated Lidocaine 5% Patch #30 with 3 refills. On 8-19-15 utilization review evaluated and non-certified the request for Lidoderm patch #30 with 3 refills based on no documentation of first line agents for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch, thirty count with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As noted in the MTUS guidelines, Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. Although it is noted that the injured worker is being prescribed SNRI Cymbalta, the medical records do not establish that the injured worker has had a trial of anti-epileptic medication such as gabapentin. The request for Lidocaine patches is therefore not supported. The request for Lidoderm patch, thirty count with three refills is not medically necessary and appropriate.