

Case Number:	CM15-0099398		
Date Assigned:	06/01/2015	Date of Injury:	02/06/2009
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 68-year-old male, who sustained an industrial injury on 2/06/2009. Diagnoses include intractable lower back pain, degenerative disc disease lumbar spine, multilevel disc protrusions lumbar spine, radiculitis left lower extremity S1 nerve root and radiculopathy on EMG (electromyography)/NCS (nerve conduction studies). Treatment to date has included diagnostics, medications and injections. Magnetic resonance imaging (MRI) of the lumbar spine dated 7/08/2014 revealed disc desiccation throughout the lumbar spine with multilevel disc protrusions. Per the Primary Treating Physician's Progress Report dated 2/27/2015, the injured worker reported significant pain in his lower back with radicular symptoms down the left lower extremity. One epidural injection did not give him significant relief from the left leg pain but only the right leg pain. His current pain is rated as 10/10. Physical examination revealed positive tenderness in the paralumbar musculature. There were decreased ranges of motion with pain. The plan of care included medications and authorization was requested for Lidoderm patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% x 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with low back pain with radiating symptoms down the left lower extremity. The physician is requesting LIDODERM PATCH 5% X 30. The RFA dated 04/22/2015 shows a request for Lidoderm patch 5%. The patient is currently temporarily very disabled. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a 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." In reading ODG Guidelines, it specifies the 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. Per the medical records, the patient's diagnoses include intractable lower back pain, degenerative disc disease lumbar spine, and multi-level disc protrusions lumbar spine, radiculitis left lower extremity S1 nerve root and radiculopathy on EMG/NCS. The 04/03/2015 report notes that the patient's pain is extreme, intermittent, sharp, radiating down the left and right leg. ESI helped in the past. The physician prescribed this medication for the patient's low back pain. The patient has utilized patches in the past with reports of relief. In this case, Lidoderm patches are indicated for localized peripheral pain and not for other types of pain. The request IS NOT medically necessary.