

Case Number:	CM13-0017487		
Date Assigned:	10/11/2013	Date of Injury:	05/17/2011
Decision Date:	01/30/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 43 year old man who sustained a work related injury on May 17 2011. He was evaluated by ██████████ on August 8 2013. He was diagnosed with lumbar radiculopathy, lumbar facet arthropathy. He has tenderness on palpation of the spinal vertebral levels L4-S1. Lumbar myofascial tenderness was noted on palpation. The range of motion of the lumbar spine was moderately limited. The provider is requesting authorization to prescribe Lidoderm patch for pain management

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch: 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 Treatment Guidelines Lidoderm patch Page(s): 56.

Decision rationale: According to MTUS guidelines, Lidoderm patch is indicated for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic or anti-seizure medications. Furthermore, the patch is only FDA approved for post herpetic neuralgia. Reviewing the patient file, there is no clear evidence that the patient suffer from post

herpetic neuralgia, focal neuropathic pain. In addition, there is no documentation of use first line pain medications. Therefore, the prescription of Lidoderm patch is not medically necessary.