

Case Number:	CM13-0022958		
Date Assigned:	12/11/2013	Date of Injury:	12/29/2011
Decision Date:	01/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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:

The patient is a 63-year-old male who reported injury on 12/29/2011. The mechanism of injury was stated to be that the patient was pulling out a motor of a forklift by using a smaller forklift. The patient was noted to be standing on the corner of the forklift about 6 feet off the ground when the patient slipped and tried to grab the roll cage but missed it. The patient's diagnosis was noted to include chronic lumbar back pain with degenerative disc disease. The patient was also noted to have chronic thoracic myofascial pain. The request was made for Lidoderm patches #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #90 with three (3) refills: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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).

This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient was noted to fall and hit the concrete landing on their left side and shoulder. The patient was noted to have flare-up of the low back pain. The patient had lower thoracic and lumbar tenderness and spasm. Clinical documentation submitted for review failed to provide evidence the patient had a trial of a first line therapy. Additionally, it failed to provide the patient had a diagnosis of postherpetic neuralgia as California MTUS Guidelines indicate that further research is needed to recommend it for chronic neuropathic pain disorders. Additionally, there is a lack of documentation indicating the patient had a necessity for #90 with 3 refills. Given the above, the request for Lidoderm Patches #90 with 3 refills is not medically necessary.