

Case Number:	CM13-0028095		
Date Assigned:	11/22/2013	Date of Injury:	02/08/2001
Decision Date:	05/05/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/21/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. 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/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:

This patient is a 50 year old man, injured 2/8/2001. He has a diagnosis of degenerative lumbosacral disc pathology and radiculitis. He has had a fusion at L5-S1 and hardware removal on 2/28/13, with further fusion to L4-5. His medical regimen includes Neurontin, Percocet, Trazodone, Lexapro, Lidoderm and Ambien. He is requesting approval for Lidoderm patch.

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) SIG: APPLY FOR 12 HOURS PER DAY QTY 30 X 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH); TOPICAL ANALGESICS Page(s): 56-57, 112.

Decision rationale: Lidoderm is being prescribed on the patient's back for neuropathic pain, as stated in the 8/15/13, which is not consistent with the chronic pain guidelines - i.e. it may only be used for localized peripheral pain. It is not authorized for use on the back and is thereby denied.