

Case Number:	CM13-0030738		
Date Assigned:	11/27/2013	Date of Injury:	11/07/1994
Decision Date:	01/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine & Rehabilitation, 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 52-year-old male who reported an injury on 11/07/1994. The mechanism of injury was not noted in the medical records. The patient's symptoms include low back pain. Objective findings include decreased sensation in the right L5-S1 dermatome, positive straight leg raise test on the right side, and tenderness to palpation of the lumbar paravertebrals. His diagnoses are listed as chronic lumbar strain, status post lumbar spine surgery x3, and radiculopathy to the bilateral lower extremities. The patient's medications are noted as Vicodin 5/500 mg, Neurontin 100 mg 3 times a day, and Lidoderm patches on 12 hours a day and off 12 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) Lidoderm 5% 700mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines indicate Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy including a

tricyclic or serotonin norepinephrine reuptake inhibitor (SNRI) antidepressant or an antiepilepsy drug such as gabapentin or Lyrica. The guidelines specify that Lidoderm patches are not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed in order for them to make recommendation for chronic neuropathic pain disorders other than postherpetic neuralgia. The employee was not noted to have postherpetic neuralgia and the documentation provided for review does not include information about a first-line treatment prior to prescribing Lidoderm patches. For these reasons, the requested service is non-certified.