

Case Number:	CM13-0038346		
Date Assigned:	12/18/2013	Date of Injury:	02/07/2008
Decision Date:	02/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/25/2013

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 Disease 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 59-year-old male who reported injury on 02/07/2008. The mechanism of injury was stated to be the patient was welding a tight spot in an armored car and could not see and stepped back through a hole. The patient was noted to have fallen 5 feet. The patient was noted to have chronic neck pain and low back pain related to the injury. The patient indicated that when they have access to the prescription medications, the pain is partially controlled and has a preservation of functional capacity associated with them. The patient was noted to have pain of 5 on the pain scale. The patient was noted to have pain in the neck and low back pain. The patient was noted to have an antalgic gait. The patient's diagnosis was noted to include failed back syndrome of the lumbar spine. The request was made for a refill of Lidoderm

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 2% #90: 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 Chronic Pain Medical Treatment Guidelines, Lidoderm Page(s): 56-57..

Decision rationale: 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 serotonin and noradrenaline reuptake inhibitor (SNRI) anti-depressants or an antiepileptic drug (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. Clinical documentation submitted for review failed to provide the patient had a trial of first line therapy. Additionally, it failed to indicate the functional benefit of the requested medication and as such the efficacy, and failed to indicate the necessity for 90 patches. Given the above, the request for Lidoderm patch 2% #90 is not medically necessary.