

Case Number:	CM13-0039757		
Date Assigned:	12/20/2013	Date of Injury:	08/07/2000
Decision Date:	01/28/2014	UR Denial Date:	09/28/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 64-year-old male who reported an injury on 08/07/2000. The mechanism of injury was not provided. His symptoms are noted to include pain in the lower back, gluteal area, legs, and thighs. His diagnoses include degenerative disc disease of the lumbar spine, chronic pain due to trauma, herniated nucleus pulposus of the lumbar spine, radiculopathy, osteoarthritis, facet arthropathy, myalgia and myositis, failed back surgery syndrome of the lumbar spine, spinal stenosis of the lumbar region, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch). Page(s): 56-57.

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

Decision rationale: California MTUS Guidelines state that Lidoderm patches are recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. It further specifies that Lidoderm patches are not a first line treatment and they are only FDA approved for postherpetic neuralgia. It states that further research is needed to recommend this

treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. As the patient's documentation fails to show a diagnosis of postherpetic neuralgia, and Lidoderm patches are not recommended for other chronic neuropathic pain disorders at this time, the request is not supported. Therefore, the request is non-certified.