

Case Number:	CM13-0041283		
Date Assigned:	04/04/2014	Date of Injury:	09/03/1991
Decision Date:	05/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 69 year old female with an injury date of 09/03/91. Based on the 09/06/13 progress report by [REDACTED], the patient's diagnoses include the following: 1. Sacroiliitis of the neck, 2. Disorders of the sacrum, 3. Other unspecified lumbar disorder, 4. Knee pain, and 5. Knee degenerative joint disease. The patient has had a laminectomy, hysterectomy, hypertension, and arthritis. She is currently on Naprelan and Norco. [REDACTED] is requesting for Lidoderm 5% patch 700 mg. The utilization review determination being challenged is dated 09/25/13 and recommends denial of the Lidoderm. [REDACTED] is the requesting provider and provided treatment reports from 02/22/13- 12/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH (700MG): Upheld

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

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

Decision rationale: According to the 09/06/13 progress report provided by the treating provider, the employee presents with sacroiliitis of the neck, disorders of the sacrum, other unspecified lumbar disorder, knee pain, and knee degenerative joint disease. The request is for Lidoderm 5% #30. The employee has been taking Lidoderm since the first progress report provided on 02/22/13. The MTUS Guidelines recommend Lidoderm patches for neuropathic pain only stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants or an AED such as gabapentin or Lyrica." This employee does not present with neuropathic pain, but nociceptive pain of the knee. The use of Lidoderm patches are not indicated according to the MTUS guidelines. Recommendation is for denial.