

Case Number:	CM13-0047774		
Date Assigned:	12/27/2013	Date of Injury:	10/23/2005
Decision Date:	02/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 51-year-old female who was injured on October 23, 2005. The patient continued to experience back pain, neck pain, and right wrist pain. Diagnoses included lumbosacral strain herniated disc with radiculitis/radiculopathy complaints, cervical strain herniated disc with radiculitis/radiculopathy complaints, and cephalgia. MRI of the lumbar spine, done 12/28/2005, showed mild degenerative changes with no evidence of disc protrusion. Treatment included physical therapy, medications including Lidoderm patches, acupuncture, and facet joint injections. Request for authorization for Lidoderm 5% patches #270 was submitted on October 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guideline Page(s): 112.

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic

neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case there is no documentation that the patient's condition is improving, and they should be discontinued. The request is not recommended