

Case Number:	CM13-0051372		
Date Assigned:	07/02/2014	Date of Injury:	11/05/2000
Decision Date:	08/05/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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 expert 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 injured worker is of unknown age and unknown gender who reported an injury on 11/05/2000 due to unknown mechanism. The injured worker had complained of increased low back pain and lower extremity pain. Physical examination on 04/10/2013 revealed subjective numbness to feet, anterior lower extremities. Ranges of motion values were not reported. Pain scale was not reported. The diagnoses was L4-L5 spondylosis, degenerative disc disease, L2-L5 facet arthropathy. Medications were Tramadol, Advil as needed. The document submitted for review was very difficult to read. Treatment was for Lidoderm patches 5% quantity 30. The rationale and request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The document submitted for review is lacking information such as pain scale, past medications tried and failed, physical medicine (acupuncture, chiropractic, physical

therapy), diagnostic studies. The California Medical Treatment Utilization Schedule states that lidoderm is a topical lidocaine and may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as antidepressants, or an antiepilepsy drug (e.g., gabapentin, Lyrica). This is not a first line treatment and is only FDA approved for post-herpetic neuralgia. The document lacks information. Therefore, the request for Lidoderm Patches 5%, #30 is not medically necessary.