

Case Number:	CM13-0058711		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2012
Decision Date:	04/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 Family Practice, and is licensed to practice in New York. 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 injured worker is a 60 year old man with a date of injury of 9/6/12. He was seen by his orthopaedic surgeon on 10/10/13. He reported improvement with chiropractic care but did have some mild discomfort in his low back which radiated to his upper buttocks, especially with heavy lifting. A recent MRI was reviewed which showed moderate degenerative disc disease at L5-S1 and mild disease at L4-5. There was no significant neuroforaminal narrowing. His physical exam was deferred. His back did not require surgical intervention. The worker was going to perform a home-exercise program, continue physical therapy and lidoderm patches were requested for authorization for his back discomfort. These are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches # 30, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 112.

Decision rationale: Lidoderm® is the brand name for a lidocaine patch produced by ██████████. Topical lidocaine may be recommended for localized peripheral pain after

there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. This injured worker has chronic low back pain which is said to be mild and improving with chiropractic treatment. Lidoderm is FDA approved only for post-herpetic neuralgia and the medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.