

Case Number:	CM13-0064052		
Date Assigned:	01/03/2014	Date of Injury:	09/04/2007
Decision Date:	05/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 53 year-old with a date of injury of 09/04/07. A progress report associated with the request for services, dated 11/01/13, did not identify any subjective complaints. However, the visit appeared to be for therapy for low back pain. Objective findings included tenderness of the lumbar spine. Motor and sensory function were normal. Diagnoses included lumbar disc disease with radiculitis. Treatment has included a previous laminectomy. He is taking muscle relaxants, oral opioids, and Lidoderm patches. A Utilization Review determination was rendered on 11/12/13 recommending non-certification of "1 prescription of Lidoderm 5% #60 with 3 refills".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LIDODERM 5% #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Section Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Lidoderm (lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical lidocaine may be recommended for localized

peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Therefore, in this case, there is no documentation of a neuropathic component of the pain or documented functional improvement for the medical necessity of Lidoderm.