

Case Number:	CM13-0072205		
Date Assigned:	01/08/2014	Date of Injury:	12/28/2005
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, and is licensed to practice in Texas. 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 patient is a 65 year old female who was injured on 12/28/2005. The diagnoses are neck pain, low back pain, muscle spasms, and pain in the extremities. There is a co-existing history of diabetes mellitus and lower extremities neuropathy. The past medical history is significant for a motor vehicle accident and a fall in 1999. [REDACTED] noted that the low back pain was radiating to the lower extremities. There was a positive straight leg raising reflex. The radiological tests showed significant spondylotic changes, degenerative disc diseases and neuroforaminal stenosis of the lumbar and cervical spine. A Utilization Review determination was rendered on 12/5/2013 recommending non certification of Lidocaine 5% #90 from a service date 10/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF LIDOCAINE 5% PATCHES, #90 FOR DATE OF SERVICE: 10/14/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, TOPICAL LIDOCAINE, 56-57,112

Decision rationale: The MTUS Chronic Pain Guidelines address the use of topical lidocaine in the form of Lidoderm for the treatment of neuropathic pain. Lidoderm is indicated as a second line medication for patients who have failed or cannot tolerate treatment with first line medications such as anticonvulsants and antidepressants. It is recommended that the duration of treatment be limited to less than 6 weeks because of decreased efficacy associated with prolonged use. Lidoderm is effective for localized cutaneous neuropathic pain. It is not indicated for osteoarthritis or myofascial pain syndrome. The medical records provided for review indicate that the patient has significant skeletal pain located in the cervical, lumbar spine and extremities joints. The medical records provided for review did not show that the patient has failed treatment with anticonvulsants or antidepressants. The available data did not support an indication for treatment with Lidoderm 5% patch #90 on the date of service 10/14/2013. The request is not medically necessary and appropriate.