

Case Number:	CM14-0001556		
Date Assigned:	01/22/2014	Date of Injury:	02/07/2008
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 claimant is a 60 year old male who reported an injury on 02/07/2008. Per the clinical note dated 07/19/2013 the claimant reported pain at 7/10 with pain medications and 10/10 without. The patient reports the pain is aching, constant and radiating. Per the clinical note dated 08/13/2013 the claimant reported no change in pain control on current medications which include Flexeril 10mg twice a day, Flexeril 5mg once a day, Lidoderm 5% 3 patches every 12 hours, and Suboxone 2mg four times a day. The claimant reported his pain at 5-7/10 with the current pain management regimen. Diagnoses were failed back syndrome. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% (700 MG/PATCH) TO APPLY 3 TRANSDERMAL PATCHES EVERY 12 HOURS #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): (s) 56, 112.

Decision rationale: The California MTUS Guidelines states that Lidoderm 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. Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. There is a lack of documentation to support any of the above conditions; the claimant has not been diagnosed with any neuralgia, neuropathy, or diabetes. There is a lack of documentation regarding the efficacy of the Lidoderm patches. In addition, there is a lack of documentation that the claimant has had an unsuccessful trial of first-line therapy such as Gabapentin or Lyrica. Therefore, the request for Lidoderm patch 5% (700mg/patch) to apply 3 transdermal patches every 12 hours #90 is not medically necessary and appropriate.