

Case Number:	CM14-0004123		
Date Assigned:	02/05/2014	Date of Injury:	10/18/2007
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/10/2014

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, and is licensed to practice in California. 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 a 45-year-old female who reported an injury on 10/18/07. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/2/13 reported that the injured worker complained of low back pain rated at 3/10. The injured worker also complained of leg pain rated at 4/10, neck pain rated at 6/10, and mid back pain rated at 6/10. The injured worker reported that she was able to sleep 6 hours per night. The injured worker was prescribed Protonix, trazodone, Zanaflex, Zofran, and Esgic. Upon physical examination, the provider noted tightness in the cervical spine. The injured worker had a negative straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED LIDODERM 5%, #90, THREE A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch) Page(s): 111-113.

Decision rationale: The California MTUS guidelines state Lidoderm is the brand name for a lidocaine patch. 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 other chronic neuropathic pain disorders. There is a lack of clinical documentation indicating the injured worker has a diagnosis which would be congruent with the guideline recommendations. Additionally, the efficacy of the medication as evidenced by objective functional improvement was unclear within the provided documentation. As such, the request is not medically necessary.