MAXIMUS Federal Services

Case Number:	CM14-0005009		
Date Assigned:	01/24/2014	Date of Injury:	10/15/2003
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a carpenter at [redacted] and has submitted a claim for Displacement of Lumbar Intervertebral Disc without myelopathy associated with an industrial injury date of October 15, 2003. Treatment to date has included activity modification, physical therapy, home exercise program, chiropractic, and pain medications. Medical records from 2013 were reviewed showing that patient has been complaining of headache, neck pain, wrist pain and low back pain. The low back pain was described as sharp, dull and achy with spasms radiating down the buttocks, left leg and into the ankle. Upon physical exam, patient exhibited wide-based gait; and heel-toe walk was performed with difficulty. There was diffused tenderness over paraspinous muscle and severe facet tenderness at L3-S1. Utilization review from December 26, 2013 denied the request for Lidoderm patches because clinical findings do not appear to support the necessity of the said treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LidodermÂ® (lidocaine patch) Page(s): 56-57.

Decision rationale: According to the pages 56-57 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for locatized peripheral pain after there has been evidence of a trial first-line therapy (TCA or SNRI antidepressants 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. In this case, Lidoderm was prescribed and used since November 2013. It was stated on subsequent reports that there was no pain relief despite medications. Furthermore, there is no evidence that the patient has failed first-line therapy. The number of patches requested was also not specified. Therefore, the request for Lidoderm Patches is not medically necessary.