

Case Number:	CM14-0015840		
Date Assigned:	03/03/2014	Date of Injury:	07/22/2008
Decision Date:	10/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal Medicine 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 53-year-old male with a date of injury on 07/22/2008. He carries diagnoses of neck pain, back pain, right shoulder pain, and chest pain (9th rib on left) that is covered at this time. The patient has had lumbar back pain with radiation to the left leg. He has had transforaminal epidural with excellent relief done on 08/24/2012 and 08/22/2013. His last epidural in 2013 gave 5 months of fairly sustained relief. His current regimen consists of Lidoderm patches, Norco prn, and use of non-steroidal anti-inflammatory drugs (NSAID) (he has a prescription for three different formulations). The current request is for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% QTY 30 +3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56-57.

Decision rationale: MTUS states that Lidoderm patches can be used in treatment of peripheral neuropathy/neuropathy syndromes. However, documentation of failure of first-line medications must be shown and include drugs from the tricyclic, serotonin-norepinephrine reuptake inhibitor

(SNRI), and/or anti-epileptic class of drugs. This patient does have a documented radiculopathy/neuropathy but there is no documentation in the notes provided that this patient has failed the first line treatments from the class of drugs provided by MTUS guidelines. As such, the provided notes for review do not meet MTUS criteria for authorization of the use of Lidoderm Patches and it is not medically necessary.