MAXIMUS Federal Services

Case Number:	CM14-0019345		
Date Assigned:	04/21/2014	Date of Injury:	08/07/2004
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Medicine, and is licensed to practice in Florida. 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 a low back injury on 08/07/2004. The mechanism of injury was not provided within the submitted medical records. The clinical note dated 02/13/2014 noted the injured worker reported bilateral low back pain. The exacerbating factors included bending, twisting, and lifting. The prescribed medication list included Lidoderm Patch, ibuprofen, and Norco. The physical exam revealed limited range of motion in the lumbar spine with normal motor and strength tests in all limbs. The diagnoses included left L5-S1 radiculopathy, central L5-S1 protrusion, positive lumbar discogram, lumbar degenerative disc disease, lumbar strain/sprain. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES #90 WITH 4 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The request for Lidoderm patches #90 with 4 refills is non-certified. The CA MTUS guidelines recommend Lidoderm patches for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The injured worker lacked adequate documentation that showed an exhaustion of first-line therapy. In addition, it was unclear if why the injured worker could not tolerate oral medication. The efficacy of the medication was unclear. Thus, the request is non-certified.