

Case Number:	CM14-0119232		
Date Assigned:	08/06/2014	Date of Injury:	12/18/2008
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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:

Patient is an injured worker with lumbosacral intervertebral disc disorder. Date of injury was 12-18-2008. Progress report dated 6/12/2014 documented the patient's complaints of low back pain and low extremity pain in the left hip. Patient is status post facet radiofrequency rhizotomy at bilateral L4-S1. She reports greater than improvement. On physical examination, there was tenderness noted upon palpation in the left paravertebral area L4-S1 levels. Range of motion of the lumbar spine showed decreased flexion to 50 degrees due to pain, extension limited to 10 degrees. Medications included Lidoderm patch, Hydrocodons, Naprosyn. Treatment plan included consultation with pain management specialist and Lidoderm patch. Utilization review decision date was 07-22-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Lidoderm (lidocaine patch) Page 56-57 Topical Analgesics Page 111-112 Page(s): 56-57, 111-112.

Decision rationale: Medical treatment utilization schedule (MTUS) states that "Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia." Lidoderm is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, "Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain." Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm 5% #30 with 1 refill is not medically necessary.