

Case Number:	CM14-0122576		
Date Assigned:	08/06/2014	Date of Injury:	03/13/2013
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Emergency 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:

This patient had a reported date of injury on 3/13/2013. No mechanism of injury was provided for review. The patient has a diagnosis of lumbar sprain, myofascial pain and rule out radiculopathy. The medical records were reviewed until 7/22/14. Many of the progress notes are hand written and have some legibility issues. These notes are also very brief and lack many details. The patient complained of 7/20 low back pain with R lower extremity numbness and pain causing difficulty with sleep. The objective exam is just tenderness to lumbar spine & spasms. The MRI of the lumbar spine(6/2/14) reveals small central L4-5 disc protrusion, L4-5 degenerative changes. Other non-specific findings include: Electromyography (EMG) /Nerve Conduction Velocity (NCV) (10/9/13) reveals L5, L5 and S1 lumbar radiculopathy. The patient is currently on Methoderm, Naproxen, Flexeril. The Independent Medical Review is for Lidoderm 5% #30 with 3refills. The prior Utilization Review (UR) on 7/29/14 recommended denial. There are also other prior Utilization Reviews (UR) denying Lidoderm in the past. A letter concerning denials dated 6/9/14 and 7/1/14 states that the patient has back pain and numbness and that the medication helps. There is no pain scale documenting improvement. The is no actual explanation of how or why patient meets criteria for Lidoderm were provided in those letters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% # 30 Refills 3: Upheld

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

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

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. The request for Lidoderm is not medically necessary and appropriate.