MAXIMUS Federal Services

Case Number:	CM14-0124569		
Date Assigned:	08/08/2014	Date of Injury:	09/10/2013
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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 30-year-old female who reported an injury on 09/10/2013. The mechanism of injury was reported as lifting a 5-gallon bucket with margarita mix to fill a machine. The diagnoses included back and radiating left buttock and leg pain and annular tear at L5-S1, left-sided. Prior treatments included physical therapy and epidural steroid injections. Diagnostic studies included an official MRI of the lumbar spine performed on 01/23/2014 that was noted to show multilevel degenerative disc disease without significant narrowing of the central canal. Per the 07/15/2014 progress report, the injured worker reported that much of her pain was in her low back more than in her left leg. The injured worker's medications included Voltaren 100 mg and tramadol 50 mg. Objective findings included mild weakness in her left extensor hallucis longus and tibialis anterior of 4/5 to 5-/5. The injured worker was noted to have intact sensation and a positive straight leg raise. The injured worker reported her medication was helping. The treatment plan included adding a Lidoderm patch for her low back. The rationale for the request was not provided. The Request for Authorization form was submitted on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 1% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

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

Decision rationale: The California MTUS Guidelines state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm patches are not a first-line treatment and are only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The medical records provided indicate the injured worker received a prescription for Lidoderm patches on 07/15/2014. The injured worker had reported that her medications were helping. The rationale for the addition of Lidoderm patches was not provided. There was no indication of the failure of first-line treatment. In addition, the guidelines state that Lidoderm patches are only FDA-approved for postherpetic neuralgia. Based on this information, the request is not supported. As such, the request for Lidoderm patches 1%, quantity 30, is not medically necessary.