

Case Number:	CM14-0138193		
Date Assigned:	09/05/2014	Date of Injury:	12/02/2013
Decision Date:	10/02/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

49 year old male injured worker with date of injury 12/2/13 with related low back pain. Per progress report dated 8/11/14, he described his back pain as an aching type pain across his lumbar spine with numbness and aching into the gluteal muscles and backs of the legs. He noted that he got relief with the Lidoderm patches for the first 2 weeks but the effectiveness was wearing off. He did not want to take anything that was sedating or mind altering based on his type of work. Per physical exam, straight leg raising test was negative bilaterally. EMG/NCV (Electromyography / Nerve Conduction Velocity) dated 12/2/13 revealed electrodiagnostic evidence suggestive of a lumbar radiculopathy involving the bilateral L5 nerve root. Treatment to date has included home exercise program, chiropractic manipulation, and medication management. The date of UR decision was 8/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #60 (date of service 08/11/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (Serotonin-Norepinephrine Reuptake Inhibitor) anti-depressants or an AED (antiepileptic drug) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, the request for Lidoderm Patches 5% #60 (date of service 08/11/2014) is not medically necessary and appropriate.