

Case Number:	CM14-0151017		
Date Assigned:	09/19/2014	Date of Injury:	07/24/2007
Decision Date:	11/13/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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 Geriatrics, and is licensed to practice in New York. 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 man with a date of injury of 7/24/07. He was seen by his provider on 8/15/14 for medication management. He was using his Lidoderm patch primarily at night which helped with sleep and making him more comfortable. He also reported no side effects. He also reported continued low back pain extending down both legs. His exam showed no scars or deformities over the low back and he was tender along the L5 level. His diagnoses were lumbar disc degeneration with resolved left L5-S1 disc extrusion with residual chemical radiculopathy, low back pain with bilateral radicular pain/radiculopathy, and history of coronary artery disease, status post stent placement, hypertension, reflux and angina. At issue in this review is the request for Lidoderm patch refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5 % #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

Decision rationale: Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has chronic low back pain. Lidoderm is FDA approved only for post-herpetic neuralgia and he does not have that diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.