

Case Number:	CM14-0157550		
Date Assigned:	09/30/2014	Date of Injury:	10/21/2007
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in 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:

This is a patient with a date of injury of October 21, 2007. A utilization review determination dated September 3, 2014 recommends noncertification of Lidoderm patches. A progress report dated December 23, 2013 indicates that the patient is using gabapentin, Cymbalta, and Lidoderm patches. A progress report dated February 20, 2014 identifies subjective complaints of cervical pain with radicular pain into the right and left arm and weakness in the right and left arms. He also complains of thoracic pain. Physical examination findings identify tenderness to palpation in the cervical spine with positive compression testing, positive tenderness to palpation in the lumbar spine with positive facet sign. Diagnoses include chronic neck pain, chronic thoracic pain, chronic low back pain, erectile dysfunction, right hip pain, Coccyxdynia, and right knee pain. The treatment plan recommends continuing the patient's medications including Cymbalta, gabapentin, lactulose, Lidoderm patch, MSContin, Norco, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch ER: Upheld

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

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

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations prior to initiating treatment with lidoderm. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm 5% patch ER is not medically necessary.