

Case Number:	CM14-0161514		
Date Assigned:	10/06/2014	Date of Injury:	03/24/2010
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 3/24/10. A utilization review determination dated 9/25/14 recommends non-certification of Lidoderm. It referenced an 8/28/14 medical report identifying neck pain, back pain radiating to the anterior thigh and medial calf. Pain is 3/10 with medication and 7/10 without. On exam, there is limited range of motion (ROM), tenderness, trigger points, some motor weakness, and decreased sensation over the lateral foot and 3rd-5th toes on the left, deep tendon reflex (DTR) 1/4 at the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700mg/patch #60 RF: Upheld

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

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

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical Lidocaine is "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)." Additionally, it is supported only as a dermal patch. Within the documentation

available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. In light of the above issues, the requested Lidoderm is not medically necessary.