MAXIMUS Federal Services

Case Number:	CM14-0162689		
Date Assigned:	10/07/2014	Date of Injury:	02/09/2012
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is an unknown aged male who sustained a work related injury on 09 Feb 2012 as result of an undocumented mechanism of injury. Since then he's complained of lower back and knee pain. Per the PR-2 dated 09/15/2014, the patient returned for medication (Lidoderm patch) refill. He continues to complain of knee and lower back pain. Currently undergoing Supartz injections to his knees. Utilizes Lidoderm patches for pain control that is reported as beneficial as it provides relief of his lumbar spinal pain and cuts down on his medication use, something his treating physician must be vigilant because of the patient history of kidney replacement. When not utilizing his Lidoderm patches his pain is rated as 7-8/10, with use his pain is decreased to 4/10, has improved mobility, sleeps better and has decreased narcotic use. Examination reveals guarded motion with pain referred along the L-5 dermatome to his foot upon forward bending. Neurological examination reveals a positive straight leg raise right, weakness of the right extensor hallucis longus with diminished right L-5 dermatome sensation. In dispute is a decision for Lidoderm patches 5%, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 56-57.

Decision rationale: Lidoderm , topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (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. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. It is unfortunate the California Medical Treatment Utilization Schedule (MTUS) guidelines do not specify alternative Tx in the case of organ transplant. Decisions are made based upon California MTUS guidelines for approved treatments. Based upon review of the CA MTUS guidelines, this treatment is not medically necessary and appropriate.