

Case Number:	CM14-0167635		
Date Assigned:	10/14/2014	Date of Injury:	05/23/2001
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Acupuncture and 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 59 year old male injured worker has a date of injury of 5/23/01 with related low back pain. Per progress report dated 9/23/14, the injured worker complained of lower back pain radiating to the bilateral lower extremities, left greater than right, pain was rated 10/10 in intensity. His diagnoses included sprain/strain of the neck and lumbar spine, post-laminectomy syndrome of the lumbar spine, sprain/strain of the shoulder, and thoracolumbar radiculopathy. There was also mention of an adjustment disorder and depression. No significant objective physical exam findings were documented. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included surgery and medication management. The date of UR decision was 10/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines on page 112 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 anti-depressants or an AED 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 contain exam findings of neuropathic pain. It is indicated that the injured worker has been treated with Cymbalta; however, it was not specified if it was used for depression or for neuropathic complaints. The efficacy of its use was not documented. Without this information, medical necessity cannot be affirmed and the request is deemed not medically necessary.