

Case Number:	CM14-0169560		
Date Assigned:	10/17/2014	Date of Injury:	12/01/2002
Decision Date:	11/19/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/14/2014

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 male patient with the date of injury of December 1, 2002. A utilization review determination dated September 10, 2014 recommends non-certification of Lidoderm patches #30 with 3 refills. A progress note dated August 21, 2014 identifies subjective complaints of continued headaches, neck, upper, and lower back pain. Physical examination reveals bilateral paracervical tenderness from C2 to C7-T1, and parathoracic tenderness from T1 to T12-L1, and paralumbar tenderness from L1 to L5-S1. There is also bilateral sacroiliac and trochanteric tenderness. The diagnoses include chronic cervical pain, status post cervical surgery on June 24, 2013, chronic thoracic pain, headaches secondary to cervical condition, and chronic lumbosacral pain. The treatment plan recommends Tylenol #3, Atarax 25 mg every six hours, baclofen 10 mg every six hours as needed, Cymbalta 30 mg daily, Lunesta 2 mg at bedtime, and Lidoderm patches 1-3 per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 112 of 127.

Decision rationale: Regarding request for topical Lidoderm Patches #30 with 3 refills, 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. 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 Patches #30 with 3 refills is not medically necessary.