

Case Number:	CM14-0169976		
Date Assigned:	10/20/2014	Date of Injury:	06/23/2014
Decision Date:	11/20/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in Maine. 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 a 20-year-old female who was injured after falling from a ladder at work on 6/23/2014. She underwent an MRI of the Lumbar and Cervical spine without contrast on 8/28/2014 due to neck and back pain. The Lumbar spine MRI found no significant abnormalities and was interpreted as normal by the Radiologist. The Cervical spine MRI showed an annular tear centered just to the right of the midline at the C4-C5 and C5-C6 levels. She was diagnosed with Lumbar strain and Cervical sprain with annular tear. She was treated with NSAIDs, the muscle relaxant Robaxin, Lidoderm patches, and physical therapy with relief in symptoms. Likewise, a request was made for "90" Lidoderm 5% Patches between 10/6/2014 and 11/20/2014. This request was previously found to be not medically necessary, and was subsequently denied. The rejection of this request is the reason an Independent Medical Review has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

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

Decision rationale: In accordance with California Chronic Pain MTUS guidelines Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the request of 90 Lidoderm Patches are not medically necessary.