

Case Number:	CM14-0022146		
Date Assigned:	05/09/2014	Date of Injury:	03/09/2005
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 General Surgery and is licensed to practice in Texas. 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 53 year male with a date of injury of 8/1/2011. The patient stated he was working on a boiler when he hurt his back. As per 3/24/2014 progress report (██████████), the patient presented with continued complaints of mid back pain and bilateral wrist pain. Medication usage provided relief and an increase in ADLs. Examination yielded thoracic musculature tenderness with decreased thoracic range of motion due to increased pain. Positive orthopedic tests include Tinnel's and Phalen's bilaterally. Diagnoses were backache NOS, spasm of muscle, and thoricalgia. Percocet 5/325mg and Lidoderm patch 5% were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH: Upheld

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

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

Decision rationale: Regarding Lidoderm 5% Patch, the California Chronic Pain Medical Treatment Guidelines note, " Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." A review of submitted records did not indicate evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) or post-herpetic neuralgia. Therefore, the request for Lidoderm 5% patch is not medically necessary.