

Case Number:	CM14-0028068		
Date Assigned:	05/09/2014	Date of Injury:	01/03/2001
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/05/2014

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 Pain Medicine and is licensed to practice in Texas and Florida. 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 34 year old female who was injured on 1/3/2001. The diagnoses listed are low back pain, muscle spasm, sacroiliac joint pain, status post lumbar fusion and bilateral knee pain. There are associated diagnoses of chronic fatigue syndrome and insomnia. The patient is currently utilizing TENS and home exercise program. [REDACTED] documented low back pain radiating down the lower extremities with occasional numbness and tingling sensations. The UDS was positive for TCA- tricyclic antidepressants. The patient had been utilizing Lidoderm since April, 2012. A Utilization Review determination was rendered recommending non certification for retrospective 9/15/2013, 10/10/2013 and 11/22/2013 for Lidoderm patches 5% 700mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 9/5/13, 10/10/13, and 11/22/13) LIDODERM PATCHES 5% 700 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 56-57; 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines addressed the use of topical Lidocaine in the form of Lidoderm for the treatment of localized neuropathic pain. Lidoderm is indicated as a second-line medication for patients who have failed treatment or cannot tolerate first-line medications such as anticonvulsants and antidepressants. The efficacy of Lidoderm for the treatment of joints, spine and muscle pain have not been established. The duration of treatment should be limited to less than 6 weeks due to decreased efficacy with prolonged use. The records indicate that the patient have been utilizing Lidoderm patch since April, 2012. The patient is diagnosed with musculoskeletal pain and not localized neuropathic pain. The criteria for retrospective 9/5/2013, 10/10/2013 and 11/22/2013 use of Lidoderm patches 5% 700mg #90 have not been met, therefore the request is not medically necessary.