

Case Number:	CM14-0034569		
Date Assigned:	06/20/2014	Date of Injury:	10/27/2009
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 52-year-old male who sustained a work related injury on 10/27/2009 as result of an unknown mechanism of injury. According to the visit note to Advanced Physical Medicine and Rehabilitation dated February 11, 2014 and November 11, 2013 the patient complains of ongoing back pain that is aching, dull sharp, stabbing, burning, gnawing, stinging, cramping, shooting, nagging, severe, throbbing and radiating that is 5/10 on the 0 to 10 pain scale. His pain is constant, lasting throughout the day exacerbated by range of motion, rest, transitioning from a seated to standing position and relieved by heat, massage and medicines. Additionally, he complains of numbness, tingling, weakness, locking and headaches. On examination, he has a decreased range of motion of the lumbar region, decreased strength of bilateral lower extremities and decreased sensation along the C5-8 and L3-S1 dermatomes with associated absence of both patellar and achilles reflexes bilaterally. His current treatment regimen is Ibuprofen 600mg tablets, Cyclobenzaprine 7.5mg, Tylenol 8 Hour 650mg and Lidoderm 5% patches. He tried physical therapy with a 20-40% reported relief of symptoms. In dispute is a decision for the use of Lidoderm patches 5% #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments, page(s) 56-57 Page(s): 56-57.

Decision rationale: Lidoderm, topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (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. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treating patients with post-herpetic neuralgia, a diagnosis not documented for this patient. I did not find within the provided medical documentation any evidence of a trial of either tri-cyclic or SNRI medication. As the guidelines have not been satisfied for authorizing this treatment, I find that it is not warranted and not medically necessary.