

Case Number:	CM14-0038294		
Date Assigned:	06/25/2014	Date of Injury:	06/07/2000
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Management 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:

According to the records made available for review, this is a female with a date of injury of 6/7/00. At the time (3/7/14) of request for authorization for Lidocaine 5% #60 with 2 refills, there is documentation of subjective (pain in lumbar spine with pain and numbness radiating down to the toes of the right foot with burning) and objective (tenderness to palpation, lumbar range of motion flexion 20 degrees, extension 15 degrees, and side flexion 10 degrees bilaterally) findings, current diagnoses (lumbago), and treatment to date (acupuncture). There is no documentation of failure of a trial of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% #60 with 2 refills: 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 Lidocaine Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), as criteria necessary to

support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of a diagnosis of lumbago. In addition, there is documentation of neuropathic pain. However, there is no documentation of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 5%, #60 with 2 refills is not medically necessary.