

Case Number:	CM14-0039452		
Date Assigned:	06/27/2014	Date of Injury:	05/21/1990
Decision Date:	08/20/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 71-year-old male with date of injury of 05/21/1990. The listed diagnoses per [REDACTED] dated 07/17/2013 are: 1. Chronic pain NEC. 2. Lumbosacral neuritis; not otherwise specified. 3. Myalgia and myositis; not otherwise specified. According to this report, the patient notes that his pain medications provide him with moderate relief from pain. He is able to take care of himself normally, but personal care does increase his pain. Pain prevents him from lifting heavy weights off the floor and he is only able to walk a mile before pain disrupts his activity. He states that even with medications, he sleeps less than 6 hours. He states that pain prevents him from performing physically-stressful activities like lifting and vacuuming. This report does not provide a physical examination of the patient. The utilization review denied the request on 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%, #30 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation ODG Pain (updated 3/10/14) Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm (lidocaine patch), pages 56,57 and page 112.

Decision rationale: This patient presents with chronic pain. The treating physician is requesting Lidoderm patches 5% quantity 30 with 3 refills. The MTUS Guidelines page 56 and 57 on Lidoderm patches states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic, SNRI, antidepressants, or AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This localized peripheral pain refers to neuropathic pain. The records show that the patient has been utilizing Lidoderm patches since July 2013. However, the treating physician does not specify what this patch is being used for. Furthermore, the patient does not present with localized peripheral pain that would require the use of Lidoderm patches. Therefore, the request is not medically necessary.