

Case Number:	CM14-0046150		
Date Assigned:	07/02/2014	Date of Injury:	12/15/1999
Decision Date:	08/01/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 49 year old man who was injured on 12/15/1999. The diagnoses are low back pain, left lower extremity pain and left trochanter bursitis. The past surgical history is significant for left ankle and femur surgeries. The MRI of the lumbar spine showed L4-L5 disc bulge and neural foramina stenosis. On 2/28/2014 [REDACTED] documented decreased range of motion of the lumbar spine, sensory loss along the L4-L5 dermatomes but normal motor power. On 4/28/2014 [REDACTED] a Neuro surgeon, documented subjective complaints of low back and left thigh pain but no numbness or tingling sensation. The medications are Tylenol, oxycodone and Lidoderm for pain and Flexeril for muscle spasm. A Utilization Review determination was rendered on 3/31/2014 recommending not medically necessary for Lidoderm 5% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm film %5 1 patch, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: Lidocaine in the form of localized Lidoderm patch for the treatment of 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 duration of treatment should be limited to less than 6 weeks due to decreased efficacy with prolonged use. Lidoderm is not indicated for osteoarthritis or myofascial pain. The record indicates that the low back and lower extremity pain is not neuropathic in characteristics. There is absent numbness or tingling sensation. The record did not show that the patient have failed anticonvulsant or antidepressant medications. The criteria for the use of Lidoderm 5 % #60 were not met. Therefore, the request is not medically necessary.