

Case Number:	CM14-0049220		
Date Assigned:	06/23/2014	Date of Injury:	03/15/2011
Decision Date:	12/12/2014	UR Denial Date:	03/11/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 59-year-old female with complaints of low back pain and hip pain. The date of injury is 3/15/11 and the mechanism of injury is not elicited. At the time of request for Lidoderm 5% Patch daily #30, there is subjective (as per the 3/20/14 report, exam revealed pain in the right lower back that radiates into right hip with sharp constant pain at 10/10), objective (Tender to palpation over right greater trochanter, pain on flexion and abduction of the right hip, tender to palpation right sacral area, and no midline tenderness.), findings, imaging/other findings (X-ray of the right hip dated 3/20/14 was normal; no acute disease noted. In 2011 she had MRI L-spine, x-ray bilateral hip, and x-ray L-spine. UDS dated 1/31/14 was positive for hydrocodone and hydromorphone.), current medications (Lidoderm, Baclofen, Percocet, Omeprazole, Diazepam, Atenolol, Methylprednisolone, Benicar, Buspirone, and Amlodipine Besylate. Lidoderm and Percocet gives significant benefit.), diagnoses (low back pain, hip pain, and lumbar radiculopathy), treatment to date (ADLs improved optimally with medications and bursal injections gave her significant relief. TENS units also was beneficial in the past. She has done physical therapy in 2011, which she reported was not helpful. Lidoderm gives her significant relief which allows her to take less opiates. She has used Lidoderm 5% patch since at least 9/11/13). The request for Lidoderm 5% Patch daily #30 was denied on 03/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56-57.

Decision rationale: Per CA MTUS guidelines, topical lidocaine may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment as it is only FDA approved for post-herpetic neuralgia. However, as of January 15, 2014 lidoderm was given an orphan status by the FDA for the treatment of non-specific types of neuropathic pain but only after failure of other first line therapy treatments. In this case, there is no documentation of a trial and failure of first line therapy ie AED; therefore, the request for lidoderm 5% patch #30 is not medically necessary.