MAXIMUS Federal Services

Case Number:	CM14-0063992		
Date Assigned:	07/11/2014	Date of Injury:	04/16/2013
Decision Date:	08/22/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/06/2014

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 & Rehabilitation 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 injured worker is a 52-year-old male who reported an injury on 04/16/2013, due to an unspecified mechanism of injury. On 03/17/2014, he reported constant severe pain rated at a 6/10 in his low back that radiated to his right leg. A physical examination revealed that his coordination was intact, his gait was normal, sensation was intact to light touch in all dermatomes tested of both lower extremities, and tenderness was noted over the sacroiliac joint. His diagnoses included spinal stenosis of lumbar spine. His medications included Celebrex, which he stated made him vomit and he was reportedly using a TENS unit daily and stated that it was very beneficial. The treatment plan was for Lidoderm patch #30. The Request for Authorization form was signed on 03/17/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111-112.

Decision rationale: The request for Lidoderm patch #30 is not medically necessary. The injured worker had stated that he had a 6/10 constant and severe back pain that radiated into his right leg. He was reportedly utilizing a TENS unit daily, and was taking Celebrex, which he stated made him vomit. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The use of Lidoderm is not recommended for non-neuropathic pain. There is a lack of documentation regarding neurological deficits such as decreased sensation, numbness, and tingling to indicate that the patient's pain was neuropathic. In addition, the frequency of the medication was not provided within the request. The request is not supported by the guideline recommendations, as the injured worker was not suffering from neuropathic pain and the frequency of the medication was not provided. Given the above, the request for Lidoderm patch #30 is not medically necessary.medication was not provided within the request. The request is not supported by the guideline recommendations, as the injured worker was not suffering from neuropathic pain and the frequency of the medication was not provided. Given the above, the request for Lidoderm patch #30 is not medically necessary.