MAXIMUS Federal Services

Case Number:	CM14-0064690		
Date Assigned:	07/11/2014	Date of Injury:	01/04/1990
Decision Date:	08/13/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/07/2014

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 and is licensed to practice in Texas and Oklahoma. 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 65-year-old male who reported an injury on 01/04/1990. The mechanism of injury was not provided. On 03/11/2014, the injured worker presented with lower back pain with numbness to the bilateral legs, right knee pain, and pain in the bilateral shoulders. Upon examination, there was tenderness and spasm to the lower thoracic. Ranges of motion of the lumbar and pelvis were restricted. The diagnoses were chronic lumbar back pain with bilateral loss of ankle jerk reflexes, rule out herniated disc, chronic bilateral lower extremity dysesthesia, chronic bilateral shoulder pain, and insomnia secondary to low back pain. Current medications include Tylenol with codeine, Lunesta, and Lidoderm patches. The provider recommended a refill of Lidoderm patches with a quantity of 90; the provider stated that the injured worker has previously tried Elavil, a tricyclic antidepressant, before being prescribed Lidoderm patches. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Lidoderm patches, per 3/11/14 form Qty :90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 and 112.

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

Decision rationale: The California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The included medical documentation states the injured worker had been prescribed Lidoderm patch since at least 12/2013. The efficacy of the medication was not provided. Additionally, the injured worker did not have a diagnosis that would be congruent with the guideline recommendations for Lidoderm patches. The provider's request does not indicate the site at which the Lidoderm patches were intended or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.