

Case Number:	CM14-0065613		
Date Assigned:	07/11/2014	Date of Injury:	01/11/2010
Decision Date:	10/02/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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 Family Medicine 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 55-year-old female who has submitted a claim for lumbar/lumbosacral disc degeneration, general osteoarthritis, lumbosacral neuritis, myalgia and myositis, and lumbosacral sprain associated with an industrial injury date of 01/11/2010. Medical records from 04/08/2014 to 04/28/2014 were reviewed and showed that patient complained of persistent low back pain (grade not specified). Physical examination revealed tenderness in the lumbar paraspinal, iliolumbar, and sacroiliac regions, intact DTRs and MMT of lower extremities, and negative sciatic stretch test. Treatment to date has included parafon Forte, Mobic, and Lidoderm patches with 3 refills for 4-month supply (prescribed 04/28/2014). Utilization review dated 04/28/2014 denied the request for Lidoderm Patch %% number thirty with three refills because there were no indications of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHED 5% #30 W/3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch is recommended for localized peripheral 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). In this case, the patient was prescribed Lidoderm patches with 3 refills for 4-month supply since 04/28/2014. There was no documentation of trial of first-line therapy prior to Lidoderm patch use. Adjuvant therapy with lidocaine patch has not been established. Therefore, the request for Lidoderm Patch 5% #30 w/3 refills is not medically necessary.