

Case Number:	CM14-0065764		
Date Assigned:	07/11/2014	Date of Injury:	09/26/2000
Decision Date:	10/02/2014	UR Denial Date:	04/08/2014
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 Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in 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 74-year-old male, who reported an injury on 09/26/2000; the mechanism of injury is not provided. On 05/21/2014, the injured worker presented with low back pain. Current medications include Rozerem, Norco, Lidoderm patch, Neurontin, Tramadol, Colace, and Senokot. Upon examination of the lumbar spine, there was restricted range of motion and hypertonicity, spasm, and tenderness to palpation over the paravertebral muscles with tight muscle band noted. Positive straight leg raise to the left. There was decreased sensation to light touch over the L4 and L5 lower extremity dermatome on the left and decreased sensation to pinprick over the L4 and L5 lower extremity dermatome to the left. The diagnoses were hip pain and degenerative disc disease. The provider recommended a prescription of Lidoderm 5% patch; the provider's rationale was not provided. 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:

1 Prescription of Lidoderm 5% Patch #30 with 1 Refill: Upheld

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

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

Decision rationale: The request for 1 prescription of Lidoderm 5% patch #30 with 1 refill is not medically necessary. The California MTUS state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy (tricyclic or SNRI or an AED such as Gabapentin or Lyrica). This is not a first line treatment, and is only FDA approved for postherpetic neuralgia. Further reasearch is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is lack of documentation that the injured worker had a diagnosis congruent with the guideline recommendations. Additionally, there is lack of documentation on if the injured worker underwent a trial of a first line therapy to include Gabapentin or Lyrica. The provider's request as submitted does not indicate the site at which the patch is indicated or the frequency of the medication. As such, the request is not medically necessary.