

Case Number:	CM14-0073451		
Date Assigned:	07/16/2014	Date of Injury:	03/27/2013
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 Internal 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:

Patient is an injured worker with low back pain, lumbar disc displacement, and lumbar radiculopathy. Date of injury was 03-27-2013. The progress report dated 04-10-2014 documented subjective complaints of low back pain with radiation into bilateral lower extremities. Objective findings included normal gait, lumbar spasm and tenderness, lumbar forward flexion to the knees, lumbar extension 10 degrees, left straight leg raising test positive, bilateral lower extremity motor strength 5/5. Diagnoses were low back pain, lumbar disc displacement, and lumbar radiculopathy. Treatment plan included Naproxen and epidural steroid injection. Utilization review determination date was 04-22-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches: 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 , Topical Analgesics Page(s): 56-57, 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Lidoderm (Lidocaine patch) is not a first-line treatment and is

only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm (Lidocaine patch). Therefore, the request for Lidocaine Patches is not medically necessary.