

Case Number:	CM14-0088520		
Date Assigned:	07/23/2014	Date of Injury:	04/30/2001
Decision Date:	08/27/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 48-year-old male who reported an injury on 04/30/2001. The mechanism of injury was not provided in the medical records. He is diagnosed with lumbar disc displacement without myelopathy. His past treatments were noted to include Norco and a home exercise program. On 04/28/2014, the injured worker presented with complaints of back pain rated at 5/10. His physical examination was noted to reveal a slow gait. His medications were noted to include Cyclobenzaprine, Lidoderm patches, and Naprosyn. His treatment plan included refills of Naprosyn and Lidoderm patches, a urine toxicology screen, and a follow-up in 3 months. It was noted that the injured worker's medications were requested as they helped him stay active and controlled his pain. The request for authorization form was submitted on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Lidoderm patch 5% with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm (Lidocaine patch).

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

Decision rationale: The Prospective request for 1 prescription of Lidoderm patch 5% with 2 refills is not medically necessary. According to the California MTUS Guidelines, "Lidoderm patches may be recommended for localized peripheral pain after the failure of first line treatments such as tricyclic or SNRI antidepressants or anti-epileptic drugs." The guidelines further indicate that this is not a first line treatment and Lidoderm patches are only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for other chronic neuropathic pain disorders. According to the clinical notes reviewed, the injured worker has neuropathic pain related to post laminectomy disorder. However, no documentation indicated that the injured worker has postherpetic neuralgia pain. In addition, the documentation did not indicate that he has tried and failed first line medications including antidepressants and anti-epileptic drugs. The Guidelines do not support Lidoderm patches as a first line treatment and the injured worker does not have postherpetic neuralgia, so the request is not supported. In addition, the request failed to indicate a frequency of use. Based on the above, the Prospective request for 1 prescription of Lidoderm patch 5% with 2 refills is not medically necessary.