

Case Number:	CM14-0093521		
Date Assigned:	07/25/2014	Date of Injury:	06/24/1998
Decision Date:	09/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 Nevada. 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 records presented for review indicate that this 63 year-old individual was reportedly injured on June 24, 1998. The mechanism of injury is not listed in these records reviewed). The most recent communication from the requesting provider, is dated may 21st, 2014 and indicates that there are ongoing complaints of anterolateral thigh pain from Meralgia paresthetica. The physical examination is not noted in this most recent documentation. Previous treatment includes topical compounded medications, oxycodone 30 mg a day and 75 g of fentanyl every 3 days. And surgical decompression of the lateral femoral cutaneous nerve of the femur. A request had been made for Lidoderm patch #90 with 6 refills and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 OF 3 LIDODERM 5% PATCH #90 WITH 6 REFILLSBODY PART- BILAT HIPS:
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 Page(s): 56 of 127.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records, fails to document failure to respond to a trial of first-line medications. In the absence of documentation indicating a trial, that the claimant's response to these first-line medications for neuropathic pain, the recommended treatment of a lidocaine patches as an adjunct to the claimant's high doses of opioid treatment would not be considered within guideline recommendations. As such, this request is not medically necessary.