

Case Number:	CM14-0116817		
Date Assigned:	08/06/2014	Date of Injury:	09/16/1996
Decision Date:	04/06/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 67 year old female, who sustained an industrial injury on September 16, 1996. She has reported cumulative injury to the low back, neck, right upper extremity and hernia. The diagnoses have included back pain status post fusion, spinal stenosis L5-S1 and radiculopathy. Treatment to date has included physical therapy, chiropractic treatment and medication. On March 24, 2014, a handwritten progress report states that the injured worker complained of low back pain and neck pain. The pain was rated as an 8 on a 1-10 pain scale. Medication reduces the pain to a 3/10 on the pain scale. Some of the handwritten note is illegible. On July 15, 2014, Utilization Review non-certified Lidoderm pad 5 % #3 boxes supply 90 days, noting the CA MTUS Guidelines. On July 25, 2014, the injured worker submitted an application for Independent Medical Review for review of Lidoderm pad 5 % #3 boxes supply 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm pad 5% #3 boxes supply: 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57. Topical Analgesics, Page 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm 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 (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records document a history of neck and back complaints. 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. Therefore, the request for Lidoderm is not medically necessary.