

Case Number:	CM14-0120736		
Date Assigned:	08/06/2014	Date of Injury:	02/27/2010
Decision Date:	01/15/2015	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family 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:

The patient is a 40-year-old female who sustained an industrial injury on February 27, 2010. The patient presented for an evaluation on July 7, 2014 with worsening of back pain with radiation down the right leg. The patient reports she has gotten significantly worse over the past several months. Flexeril is beneficial but makes her sleepy during the daytime. Skelaxin has not been beneficial. She noted significant benefit from Lidoderm patches and is requesting to use two per day. She has some numbness and tingling of the right greater than left leg. Examination reveals positive straight leg raise and right gluteal pain with significant notations in flexion and extension with exacerbation of back discomfort. She has normal Achilles and patellar deep tendon reflexes. MRI taken four years ago revealed posterior annular fissure L5-S1 with mild disc bulge. She has assessed with acute back as well as right sciatic pain and status post L5-S1 IDET four years ago with reoccurrence of back and now new right sciatic pain. Request is made for updated MRI. She is to continue with Lidoderm patches in addition to Motrin. She was given samples of Flexeril. Utilization review was performed on July 19, 2014 at which time the request for Lidoderm patches were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57.

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

Decision rationale: References state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the medical records do not establish failure of first-line medications for neuropathic pain such as SNRI anti-depressants or an AED such as gabapentin. As such, the request for Lidoderm patches is not medically necessary.