

Case Number:	CM14-0186857		
Date Assigned:	11/14/2014	Date of Injury:	01/20/2011
Decision Date:	01/05/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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:

According to the records made available for review, this is a 54-year-old male with a 1/20/11 date of injury. At the time (10/3/14) of the request for authorization for 1 prescription for Lidoderm DIS 5% #90 with 1 refill, there is documentation of subjective (abdominal pain, back pain, shoulder pain, and neck pain) and objective (normal findings) findings, current diagnoses (lumbar or thoracic radiculopathy, post laminectomy syndrome cervical, status post C5-7 anterior cervical discectomy fusion, lumbar spondylosis, and pain in joint involving shoulder region), and treatment to date (medication including ongoing use of Lidoderm). There is no documentation of neuropathic pain and that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with as a result of Lidoderm use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Lidoderm DIS 5% #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar or thoracic radiculopathy, post laminectomy syndrome cervical, status post C5-7 anterior cervical discectomy fusion, lumbar spondylosis, and pain in joint involving shoulder region. However, there is no documentation of neuropathic pain and that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidoderm, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with as a result of Lidoderm use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Lidoderm DIS 5% #90 with 1 refill is not medically necessary.