

Case Number:	CM14-0190512		
Date Assigned:	12/08/2014	Date of Injury:	11/03/2002
Decision Date:	01/15/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Pain 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 injured worker is a 67 year-old male with an original date of injury on 11/3/2002. The mechanism of injury was not provided. The industrially related diagnoses are degenerative joint disease of the cervical spine, chronic neck pain, chronic low back pain, and lumbar disc disease with radiculopathy. The patient was receiving Lidoderm 5% patch and Naproxen for the treatment of neuropathic pain relating to radiculopathy. The disputed issue is a refill of Lidoderm 5% quantity of 30 with 4 refills. A utilization review dated 10/10/2014 has modified this request to Lidoderm 5% quantity 30 with no refills. The stated rationale for the modification was the documentation supported the use of Lidoderm patches with no refills until further evaluation by specialist physician. The patient has pain relief from the use of Lidoderm and his medication use will need to be reassessed prior to further refill authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for topical Lidoderm, the Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. On a progress note from date of service 9/16/2014, there is documentation of analgesic effect and objective functional improvement as a result of the currently prescribed Lidoderm use. However, there is no indication that the patient has failed first-line therapy recommendations. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.