

Case Number:	CM14-0207209		
Date Assigned:	12/19/2014	Date of Injury:	12/05/2001
Decision Date:	02/20/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52y/o male injured worker with date of injury 12/05/01 with related low back pain and phantom limb pain. Per progress report dated 12/2/14, the injured worker was status post above the knee amputation bilaterally, and also status post surgical intervention to his back. The injured worker was unable to do chores and wished he was able to help more at home. He was only getting 3 hours of sleep per night due to difficulty sleeping. He was unable to sleep on his right side due to pain. The injured worker was in a wheelchair and experienced tenderness over the lumbosacral area with muscle spasm. Treatment to date has included L3-L4 laminotomies, facetectomies, physical therapy, and medication management. The date of UR decision was 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Lidoderm 5% Patches #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review indicate that the injured worker has been treated with gabapentin and Prozac. I respectfully disagree with the UR physician, the request is indicated for the injured worker's localized cutaneous peripheral neuropathic pain secondary to bilateral lower extremity amputation. The request is medically necessary.