

Case Number:	CM14-0207215		
Date Assigned:	12/19/2014	Date of Injury:	03/18/2004
Decision Date:	02/12/2015	UR Denial Date:	12/05/2014
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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Florida. 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 an adult female who sustained a work related injury on 3/09/1998. The mechanism of injury described is having sustained a right knee injury while training in the [REDACTED]. Her disability status is currently considered permanent and stationary. Prior treatment has included knee surgery w/ arthroscopy as well as pain management with medications. As a result of her knee pain she did sustain a fall injuring her back and right ankle. She has also had surgery for a right upper extremity injury. A recent office note from 11/17/2014 states that Lidoderm would be prescribed for the patient's focal low back incisional scar pain. A utilization review physician denied this request, stating that there is no mention in the provided documentation of neuropathic pain, and there is also no evidence provided that this patient has been tried on other first line neuropathic agents (antidepressants and antiepileptics.) Therefore, an Independent medical review was requested to determine the medical necessity of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, ninety count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56-57.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm patches are not medically necessary.