

Case Number:	CM14-0207618		
Date Assigned:	12/19/2014	Date of Injury:	05/10/2000
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/11/2014

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: Texas, Florida

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:

The patient is a 47 year old male who was injured on 5/10/2000. The diagnoses are lumbar post laminectomy syndrome, opioid dependency, lumbar sacral radiculitis, thoracic and low back pain. On 12/4/2014, there was a subjective complaint of constant low back pain radiating to lower extremities. There were also complaints of neck, bilateral hips, right groin and knee pain. The pain was associated with numbness and pins/needles sensations. The pain score was rated at 5/10 with medications on a scale of 0 to 10. There were objective findings of tenderness to palpation of the painful sites. The medications listed are Celebrex, Ambien, Lorzone, Neurontin 300mg tid, Pepcid, Promethazine, Lidoderm and Suboxone. A Utilization Review was rendered on 11/20/2014 recommending non certification for Lidoderm patch 5% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The MTUS Chronic Pain and the ODG guidelines recommend that topical lidocaine analgesic products can be utilized for the long term treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain. The guidelines approved Lidoderm for the treatment of localized CRPS, herpes zoster and post herpetic neuralgia. The patient was diagnosed with musculoskeletal pain in the neck, low back and knees. The records did not show that the patient had failed treatment with Neurontin because the dose was not titrated to the recommended effective dosage. The criteria for the use of Lidoderm 5% patch #60 was not met.