

Case Number:	CM14-0209387		
Date Assigned:	12/22/2014	Date of Injury:	05/14/2010
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 34-year-old female with a 5/14/10 date of injury. At the time (12/3/14) of the Decision for Retro DOS 11/3/2014: Lidoderm patch 5% #60, there is documentation of subjective (ankle/foot and low back pain) and objective (tenderness along the talofibular ligament, weak dorsiflexion and plantar flexion, decreased lumbar range of motion, and positive right straight leg raising test) findings, current diagnoses (discogenic lumbar condition with disc disease and anterior right talofibular ligament injury), and treatment to date (medications (including Norco, Neurontin, Protonix, and Voltaren) and physical therapy). There is no 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 11/3/2014: Lidoderm patch 5% #60: Upheld

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

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

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. Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition with disc disease and anterior right talofibular ligament injury. However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for Retro DOS 11/3/2014: Lidoderm patch 5% #60 is not medically necessary.