

Case Number:	CM14-0217691		
Date Assigned:	01/07/2015	Date of Injury:	06/25/2008
Decision Date:	03/09/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker's date of injury was June 25, 2008. The industrial diagnoses include chronic low back pain, lumbar intervertebral disc displacement, and chronic pain syndrome. The patient has had treatment with Cymbalta and Flexeril. The disputed issue is a request for Lidoderm patches. A utilization review determination had noncertified this request. The rationale for the denial included that this medication is not a first-line treatment and is only FDA approved for postherpetic neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #30: 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 Page(s): 112 of 127.

Decision rationale: Regarding request for topical Lidoderm, 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 first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is indication that the patient has tried first-line therapy recommendations of Cymbalta in the past. But there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. The Lidoderm patch is used to address neuropathic pain states such as post-herpetic neuralgia. As such, the currently requested Lidoderm is not medically necessary.