

Case Number:	CM15-0009423		
Date Assigned:	01/27/2015	Date of Injury:	07/25/2013
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

This 53 year old male sustained a work related injury on 07/25/2013. According to an initial pain medicine evaluation dated 10/27/2014, the injured worker complained of low back pain that radiated to the upper back. Pain was rated 9 on a scale of 1-10 at worst and a 4 at best. Pain was also in the right shoulder and at the posterior deltoid radiating down to the arm. Pain was rated a 4 at best and 6 at worst. There was constant dull pain in both feet which radiated into the metatarsal area and was associated with numbness and tingling on the soles of the bilateral feet. Pain was rated 8 at worse and a 3 at best. Pain level with medications was a 5 and an 8 without medications. Medications included Ibuprofen, Lidocaine Patches, Ambien and Motrin. Diagnoses included sprain/strain of the thoracic spine and lumbar sprain/strain. The injured worker received trigger point injections. According to a progress report dated 11/24/2014, pain ratings for the individual areas of pain were unchanged from the previous visit of 10/27/2014. On 01/08/2015, Utilization Review non-certified Lidoderm 5% Patches Quantity 60. According to the Utilization Review physician, Lidoderm is only FDA approved for post-herpetic neuralgia. Guidelines cited for the request included MTUS page 112 and Chronic Pain Treatment Guidelines pages 56-57. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

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

Decision rationale: According to MTUS guidelines, “Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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”. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches #60 is not medically necessary.