

Case Number:	CM15-0012955		
Date Assigned:	03/10/2015	Date of Injury:	08/18/2010
Decision Date:	04/09/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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, New York
 Certification(s)/Specialty: Family Practice

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 is a female, who sustained an industrial injury on 8/18/2010. The details of the initial injury and prior treatments were not submitted for this review. The diagnoses have included low back pain and lumbar radiculitis confirmed with electromyogram. Currently, the Injured Worker complains of pain rated 5-6/10 VAS with medications, 10/10 without medications. The physical examination from 12/4/14 documented no acute findings. The plan of care was for continuation of medication therapy, laboratory evaluations and that the lumbar spinal injections were refused at that time. On 12/23/2014, Utilization Review modified certification for Lidoderm Patch 5% #30 with no refills, noting the documentation did not support that there was neuropathic pain/origin per guideline recommendations. The MTUS and ODG Guidelines were cited. On 1/22/2015, the injured worker submitted an application for IMR for review of Lidoderm Patch 5% #30 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5 Percent #30 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57, 111-112.

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, the patient does even not have documented neuropathic exam findings or diagnosis. Therefore, the request is considered medically unnecessary.