

Case Number:	CM15-0144066		
Date Assigned:	08/05/2015	Date of Injury:	01/13/2003
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 1-13-03. The injured worker has complaints of back pain radiating from low back down left leg and right knee pain. The documentation noted that the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine and healed surgical scar to lumbar spine and range of motion is restricted. The diagnoses have included post lumbar laminectomy syndrome; lumbar radiculopathy and spinal and lumbar degenerative disc disease. Treatment to date has included Hydrocodone-acetaminophen; Lidoderm patch; Cyclobenzaprine; soma; lumbar decompression L4-S1 (sacroiliac) with L5-S1 (sacroiliac) microdiscectomy on 5-15-13; magnetic resonance imaging (MRI) of the lumbar spine on 1-2-13 showed L4-L5 mild disc degeneration and bulging with broad central 3 millimeter disc protrusion and mild facet arthropathy; magnetic resonance imaging (MRI) of the right knee on 3-1-12 and magnetic resonance imaging (MRI) of the lumbar spine on 8-24-10. The request was for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Lidoderm (Lidocaine patch). (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages. 111-112.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lidoderm Patch. MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica) Topical Lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; First line medications (Gabapentin) were prescribed previously to the Lidoderm patches. Therefore, Lidoderm Patches are indicated as a medical necessity to the patient at this time.