MAXIMUS Federal Services

Case Number:	CM15-0204625		
Date Assigned:	10/21/2015	Date of Injury:	02/18/2010
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina
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 41 year old male who sustained an industrial injury on 2-18-10. The injured worker reported back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for cervical, thoracic and lumbar sprain strain. Provider documentation dated 9-24-15 noted the work status as modified work. Treatment has included Naproxen since at least March of 2010, Lidoderm Patch, transcutaneous electrical nerve stimulation unit, physical therapy, back support, magnetic resonance imaging, home exercise program, and hot baths. Objective findings dated 9-24-15 were notable for no acute distress, oriented times three, "appropriate mentation and demeanor." The original utilization review (9-29-15) denied a request for Lidoderm patches 5% #30.

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 Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain, "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 or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." This medication is recommended for localized peripheral pain. The patient does have peripheral pain however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.