MAXIMUS Federal Services

Case Number:	CM15-0023212		
Date Assigned:	02/12/2015	Date of Injury:	10/06/1995
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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

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 10/06/1995. The diagnoses have included cervical spondylosis without myelopathy, degenerative of lumbosacral intervertebral disc, and cervical post-laminectomy syndrome. Noted treatments to date have included medications. No MRI report noted in received medical records. In a progress note dated 12/16/2014, the injured worker presented for a follow up for prescription refill and reports adequate analgesia without side effects. The treating physician reported decreased passive range of motion to cervical spine. Utilization Review determination on 01/07/2015 non-certified the request for Lidoderm (Lidocaine Patch 5%) x 30 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch apply 2 patches daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-79,23,63,56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patches. Chronic Pain Medical 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 Patches. 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 such as those suggested above were not used prior to the Lidocaine patches. Therefore, Lidocaine patches are not indicated as a medical necessity to the patient at this time.