

Case Number:	CM15-0032427		
Date Assigned:	02/25/2015	Date of Injury:	01/14/2011
Decision Date:	04/22/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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: California

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 58 year old female injured worker suffered and industrial injury on 1/14/2011. The diagnoses were post cervical and lumbar laminectomy syndrome, cervical stenosis, and lumbar spondylosis with myelopathy. The diagnostic studies were lumbar magnetic resonance imaging and cervical x-rays. The treatments were physical therapy, medications, and external bone growth stimulator. The treating provider reported a feeling of pressure in the low back with burning in the bilateral feet. There is a positive straight leg raise. The Utilization Review Determination on 1/30/2015 non-certified Lidoderm patches 5% quantity 30, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches Page(s): 56-57.

Decision rationale: According to guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. According to the medical records there is no indication as to why Lidoderm is needed and thus not medically necessary.