Case Number:	CM15-0034977		
Date Assigned:	03/03/2015	**Date of Injury:**	02/12/2007
Decision Date:	04/13/2015	**UR Denial Date:**	02/18/2015
Priority:	Standard	**Application Received:**	02/24/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old, male patient, who sustained an industrial injury on 02/12/2007. A pain management visit dated 01/08/2015, reported subjective complaint of pain involving his low back and bilateral upper extremities. He has sustained a spinal cord injury, and has burning pains. He is found using an intraathecal pump which has been helpful. Objective findings showed him with neuropathic pain involving the low back and somatic and non-neuropathic pain in the right low back. His gait is antalgic. There is localized tenderness in the lower lumbar region; more so on the right. There are palpable overlying muscle spasms and tenderness over the facet joints. His pain is worsened with posterior extension and lateral tilt to the right. There is also tenderness over the right sacroiliac joint, below the belt line. The patient is also with decreased deep tendon reflexes to bilateral knees and ankles. Facet joint injections have been recommended. The diagnostic impression stated neuropathic pain syndrome with chronic low back pain; bilateral lower extremity radiculitis and sensory radiculopathy; right lower lumbar facet arthropathy; status post implantation of an intrathecal opiate pump; status post multi-level lumbar disc surgeries at L5-S1 up to L3-4; right trochanteric bursitis and right lower lumbar facet arthropathy causing focalized pain. A request was made for medication Lidoderm patch 5%, #60. On, 02/18/2015, Utilization Review, non-certified the request, noting both the CA MTUS, Chronic Pain, Lidoderm and ODG were cited. On 02/24/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches (700mg/patch), 2 patches per day, quantity 60,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS 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". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches is not medically necessary.