

Case Number:	CM15-0056999		
Date Assigned:	04/01/2015	Date of Injury:	06/15/2004
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/25/2015

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: Preventive Medicine, Occupational 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 53-year-old male with an industrial injury dated 06/15/2004. The injured worker diagnoses include lumbago and bilateral leg sciatica. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/25/2015, the injured worker reported low back pain with bilateral leg sciatica. Objective findings revealed minimal tenderness at the lumbar sacral junction, left sciatic notch and right sciatic notch. The treating physician prescribed Lidoderm patches 5% now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of

antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records indicate that the injured worker has positive straight leg raise on the left, but complaints, other examination findings, and other treatments provided do not indicate that the injured worker is suffering from neuropathic pain. The first request for Lidoderm patches is noted to be in November 2013, and there has not been any indication that the injured worker had failed treatments with antidepressants and anticonvulsants before initiating Lidoderm patches. How the patch is utilized, and efficacy of the Lidoderm patch is not reported. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Lidoderm patches 5% is determined to NOT be medically necessary.