

Case Number:	CM14-0152810		
Date Assigned:	09/23/2014	Date of Injury:	11/12/2012
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39 year-old male, who sustained an injury on November 12, 2012. The mechanism of injury occurred when he cut his right foot while at work. Diagnostics have included: February 7, 2013 lumbar MRI reported as showing mild degenerative disc and facet changes. Treatments have included: medications. The current diagnoses are: lumbago, neck strain/sprain, lumbosacral neuritis, cervicgia. The stated purpose of the request for Lidoderm 5% patches (700mcg) #30 was not noted. The request for Lidoderm 5% patches (700mcg) #30 was denied on August 19, 2014, citing a lack of documentation of radicular/neuropathic pain and trials of anti-depressants or anti-convulsants. Per the report dated August 21, 2014, the treating physician noted complaints of pain to the lower back and left lower extremity. Exam findings included lumbar tenderness and restricted range of motion, bilateral positive straight leg raising tests, decreased left lower extremity motor strength, normal lower extremity sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches (700mcg) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

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

Decision rationale: The MTUS Chronic Pain Guidelines note that "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 or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has pain to the lower back and left lower extremity. The treating physician has documented lumbar tenderness and restricted range of motion, bilateral positive straight leg raising tests, decreased left lower extremity motor strength, normal lower extremity sensation. The treating physician has documented symptoms and exam findings indicative of neuropathic pain, but has not documented failed trials of first-line therapy such as anti-depressants and anti-convulsants. The criteria noted above not having been met, Lidoderm 5% patches (700mcg) #30 are not medically necessary.