

Case Number:	CM14-0162551		
Date Assigned:	10/07/2014	Date of Injury:	01/18/2011
Decision Date:	10/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine & Rehabilitation, 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 24-year-old female, who reported an injury on 01/18/2011 due to a slip and fall. On 06/15/2011, the injured worker presented with bilateral backache. Prior therapy included medications, physical therapy, and topical analgesics. An updated physical examination was not provided. The provider recommended Lidocaine patch 5%. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine patch 5% #30: Upheld

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

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

Decision rationale: The request for 1 prescription of Lidocaine patch 5% #30 is not medically necessary. The California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of a first line therapy, tricyclic or SNRI antidepressant or an AED such as Gabapentin or Lyrica. This is not the first line treatment

and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There was lack of documentation of a failure to respond to a first line treatment. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendations. The included medical documentation does not include an updated physical examination. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.