

Case Number:	CM14-0163219		
Date Assigned:	11/12/2014	Date of Injury:	04/15/2005
Decision Date:	12/15/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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:

This patient is a 59 year old male who developed low back pain subsequent to an injury dated 4/15/05. He was eventually treated with spinal surgery and has developed a post laminectomy syndrome with neuropathic pain into his left lower extremity. He as utilizing a Lidoderm patch in '12 which was stated to be very successful for wound related allodynia, although the visual analog scale (VAS) scores did not change much. The Lidoderm was discontinued for a long time and appears to be reintroduced in Sept '14. No localized tenderness is noted on the recent evaluations. Post reintroduction there is no changes in VAS scores or any other benefit reported from the Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30 with 4 refills: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines supports the use of Lidoderm if there is a localized neuropathic pain syndrome and there has been a failure of other first line drugs for neuropathic

pain. These standards do not appear to be met at this time. There is neuropathic pain in the left leg that by definition is an aspect of a post laminectomy syndrome, but this appears to be fairly widespread and not localized. In addition, there is no record of trials of more commonly used medications for neuropathic pain. Under these circumstances the use of Lidoderm is not Guideline recommended and is not medically necessary.