

Case Number:	CM14-0179354		
Date Assigned:	11/03/2014	Date of Injury:	07/08/2007
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine and is licensed to practice in Florida. 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 patient is a 50-year-old female with a date of injury of 07/08/2007. She suffered a low back injury during a "take down on the job." Following this work related injury she also experienced several other work related injuries. She has the following diagnoses: Myofascial pain syndrome, Degenerative disc disease, sciatica, osteoarthritis of the back and hands. It is stated that she had x-rays taken at that time that essentially revealed a normal spine. An MRI of the lumbar spine on 9/6/2007 showed bilateral facet degenerative changes, mild bilateral foaraminal narrowing, and a 5mm left paramedian T12-L1 uncomplicated disc protrusion. She has been treated with chiropractor therapy, physical therapy, and medications. No back surgery was ever performed. She did have a carpal tunnel surgery for a different work related injury in 2011. A recent 11/01/2014 physical exam found no neurologic deficits. Some range of motion impairment was noted. From the provided documentation it does appear that she has returned to work. She has recently been being prescribed Tramadol and Lidocaine patches. A utilization review physician did not authorize a prescription for Lidoderm patches. Likewise, an independent medical review has been requested regarding the medical necessity of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lidoderm Patches

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

Decision rationale: In accordance with California Chronic Pain MTUS guidelines Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.