

Case Number:	CM14-0068519		
Date Assigned:	07/14/2014	Date of Injury:	11/22/2008
Decision Date:	09/10/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 Geriatrics and is licensed to practice in New York. 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 67 year old woman with a date of injury of 11/22/08. She was seen by her primary treating physician on 2/12/14 with complaints of continued low back pain radiating to the lateral legs. She stated that a prior epidural was significantly helpful for three months and that medications do not help much. She has used a TENS unit and was requesting another epidural injection. Her current medications were Ibuprofen, Prilosec, Ambien and Pennsaid drops. Her physical exam showed she is able to walk on toes but not on heels and her lower extremity reflexes were 1+. She had positive straight leg raises bilaterally. Her diagnoses were chronic low back pain with an MRI showing mild central canal stenosis at L4-5 and prior unremarkable EMGs of the lower extremities. At issue in this review is the prescription of Lidoderm which appears to be a new prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, QTY: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition, page 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 112.

Decision rationale: 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has low back pain and takes ibuprofen. Lidoderm is FDA approved only for post-herpetic neuralgia and she does not have that diagnosis and she has not been treated with a trial of other first-line therapy. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.