

Case Number:	CM14-0205914		
Date Assigned:	12/18/2014	Date of Injury:	07/09/2012
Decision Date:	02/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab 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 29 year-old patient sustained an injury on 7/9/12 while employed by [REDACTED]. Request(s) under consideration include Lidoderm patches #60. Diagnoses include lumbago/ lumbosacral neuritis/ radiculitis s/p L5-S1 fusion with history of broken S1 screw; psoriasis; and history of s/p left ACL reconstruction. The patient continues to treat for chronic ongoing pain symptoms. Report of 11/5/14 from the provider noted the patient with low back and bilateral leg pain. The patient had requested about resuming medical marijuana card. It was discussed to consolidate multiple opioid therapy rather than using two short-term medications. The request(s) for Lidoderm patches #60 was non-certified on 12/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113.

Decision rationale: This 29 year-old patient sustained an injury on 7/9/12 while employed by [REDACTED]. Request(s) under consideration include Lidoderm patches #60. Diagnoses include lumbago/ lumbosacral neuritis/ radiculitis s/p L5-S1 fusion with history of broken S1 screw; psoriasis; and history of s/p left ACL reconstruction. The patient continues to treat for chronic ongoing pain symptoms. Report of 11/5/14 from the provider noted the patient with low back and bilateral leg pain. The patient had requested about resuming medical marijuana card. It was discussed to consolidate multiple opioid therapy rather than using two short-term medications. The request(s) for Lidoderm patches #60 was non-certified on 12/8/14. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm patches #60 are not medically necessary and appropriate.