

Case Number:	CM15-0001788		
Date Assigned:	01/12/2015	Date of Injury:	05/24/2012
Decision Date:	03/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old female who sustained an industrial injury on 5/24/12. The injured worker reported symptoms in the back. The diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac arthropathy, and post annular tear at L4-L5. Treatments to date have included oral pain medications, ice/heat applications, physical therapy, range of motion and stretching exercise, electrical muscle stimulation, and activity restrictions. PR2 dated 11/7/14 noted the injured worker presents with "pain in the lumbar spine...described as constant and achy with occasional radiation to the right leg associated with soreness". The treating physician is requesting Lidoderm patches (Lidocaine Patch 5%) x 30. On 12/3/14, Utilization Review non-certified a request for Lidoderm patches (Lidocaine Patch 5%) x 30. The California Medical Treatment Utilization Schedule Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine) 5% patches #30: Upheld

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

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

Decision rationale: The patient presents with pain affecting low back. The current request is for Lidoderm (lidocaine) 5% patches #30. MTUS guidelines state Lidoderm is not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized neuropathic 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. In this case, there is no evidence in the documents provided that the patient underwent any first-line therapy and there is no documentation of localized neuropathic pain. The current request does not satisfy MTUS guidelines as outlined on page 57. Recommendation is for denial.