

Case Number:	CM15-0010434		
Date Assigned:	01/28/2015	Date of Injury:	10/24/2011
Decision Date:	03/24/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/19/2015

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 38 year old male, who sustained an industrial injury on October 24, 2011. He has reported lower back pain and leg pain. The diagnoses have included lumbago, chronic pain syndrome, lumbar degenerative disc disease, lumbar radiculopathy, and myalgia and myositis. Treatment to date has included medications, home exercise, heat, ice, spinal cord stimulator, and imaging studies. Currently, the injured worker complains of continued lower back pain and leg pain. The treating physician requested a prescription for Lidoderm patches. On January 2, 2015 Utilization Review non-certified the request for a prescription for Lidoderm patches noting the lack of documentation to support the medical necessity of the medication. The MTUS chronic pain medical treatment guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch quantity 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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

Decision rationale: The patient presents with pain affecting the low back and bilateral leg. The current request is for Lidoderm 5% Percent Patch quantity 30.00. The treating physician's reports provided for review were not legible and the requesting report was not found. A request for authorization of a Lidoderm patch was found but a date was not provided. 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. Recommendation is for denial.