

Case Number:	CM15-0013332		
Date Assigned:	01/30/2015	Date of Injury:	07/05/2011
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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

Certification(s)/Specialty: Family Practice

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 54 year old male injured worker suffered an industrial injury on 7/5/2011. The diagnoses were concussion, fracture of the sternum, cardiac contusion, bilateral leg contusion, cervical strain, and post- traumatic stress disorder. The diagnostic studies were computerized tomography of the chest, x-ray of the lumbar spine, magnetic resonance imaging of the lumbar spine. The treatments were psychological counseling, medications, physical therapy. The medical records state that the injured worker uses Lidoderm patches after a heavy day of lifting packages. The injured worker was evaluated on 1/6/15 at which time he complained of recent low back pain radiating to the left ankle. He was diagnosed with disc herniation, recent sciatic, recurrence, improved. Gabapentin, Tylenol and physical therapy were prescribed. The Utilization Review Determination on 1/9/2015 non-certified Lidoderm patch %5 x #30 with 1 refill citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch, #30 with 1 refill: 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.

Decision rationale: According to the MTUS guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. Although the injured worker is noted to have a diagnosis of improved recurrent sciatica, this would not constitute localized peripheral pain of a neuropathic nature. Furthermore, there is indication that the patient has had a trial of first-line therapy such as antidepressants, gabapentin, or Lyrica. The guidelines state that lidocaine is not recommended for non-neuropathic pain. The request for Lidoderm Patch #30 with 1 refill is not medically necessary.