

Case Number:	CM15-0015691		
Date Assigned:	02/03/2015	Date of Injury:	08/16/1996
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 63 year old female, who sustained an industrial injury on 8/16/1996. The current diagnoses are degenerative disc disease of the lumbar spine with intractable low back pain, degenerative disc disease of the cervical spine, insomnia, reflex sympathetic dystrophy of the lower extremities, spinal cord stimulator, IT opioid therapy, and opioid withdrawal symptoms from Methadone. Currently, the injured worker complains of chronic, intractable neck, low back, and bilateral lower extremity neuropathic pain. Additionally, she reports withdrawal symptoms from Methadone. The pain is rated 8/10 on a subjective pain scale. Treatment to date has included medications and implanted intraspinal infusion system. The treating physician is requesting Lidoderm 5% patch #30, which is now under review. On 1/13/2015, Utilization Review had non-certified a request for Lidoderm 5% patch #30. The Lidoderm was non-certified based on no documentation of localized peripheral neuropathic pain. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, thirty count with three refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches #30 with 3 refills is not medically necessary.