

Case Number:	CM15-0017484		
Date Assigned:	02/05/2015	Date of Injury:	02/10/1989
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/29/2015

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 55 year old male, who sustained an industrial injury on 02/10/1989. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include low back pain and post lumbar laminectomy syndrome. Treatment to date has included medication regimen, x-rays of the lumbar spine, above listed surgical procedure, and computed tomography of the lumbosacral spine. In a progress note dated 12/19/2014 the treating provider reports an increase in pain that is rated a six on a scale of one to ten with medication and a ten on a scale of one to ten without medication. The treating physician requested the medication of Lidoderm however the documentation did not indicate the reason for this requested medication. On 12/31/2014 Utilization Review non-certified the requested treatment of Lidoderm 5% patch with a quantity of 30, one patch a day to the skin 12 hours on and 12 hours off, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

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

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 is not medically necessary.