

Case Number:	CM15-0121613		
Date Assigned:	07/02/2015	Date of Injury:	02/26/1988
Decision Date:	09/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Emergency 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 51 year old male, who sustained an industrial injury on 02/26/1988. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having post lumbar laminectomy syndrome, lumbar disc displacement, lumbar radiculitis, and low back pain. Treatment and diagnostics to date has included lumbar spine surgery, use of back brace, left hand surgery, psychotherapy, and medications. In a progress note dated 05/12/2015, the injured worker presented with complaints of low back and left lower extremity pain with tingling and numbness. The injured worker states his pain has remained the same since his last visit, which remains at 3-4 out of 10 today. Objective findings include slight swelling to right knee and increased pain with range of motion. The treating physician reported requesting authorization for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 with 1 refill: Upheld

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

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

Decision rationale: Lidoderm is a topical lidocaine patch. As per California MTUS Chronic Pain Medical Treatment Guidelines, "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 or Lyrica). This is not a first line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia". Due to lack of documentation of trial of first line medications and any objective measure of improvement, Lidoderm is not supported by guideline recommendations. The request for Lidoderm is not medically necessary.