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| Case Number: | CM15-0123803 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 08/22/2014 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 35 year old male, who sustained an industrial injury on August 22, 2014. He reports falling from a ladder resulting in neck, back and left elbow pain. The injured worker was diagnosed as having lumbar disc protrusion, lumbar radicular syndrome and lumbar discogenic myofascial pain with flare-up. Treatment to date has included topical and oral medication. A progress note dated May 14, 2015 provides the injured worker complains of back pain reported to have increased from 3/10 to 4/10. The pain radiates to the right buttock and leg. Physical exam notes splinting of the lumbosacral spine with antalgic gait and decreased lumbar range of motion (ROM). There is lumbar tenderness on palpation. The plan includes epidural steroid injection. There is a request for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm.

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

Decision rationale: Lidoderm Patches 5% #30 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patches 5% is not medically necessary.