

Case Number:	CM14-0138198		
Date Assigned:	09/05/2014	Date of Injury:	04/28/2010
Decision Date:	11/17/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of April 28, 2010. A utilization review determination dated August 7, 2014 recommends noncertification of Lidoderm patch. A progress report dated February 4, 2014 identifies subjective complaints of low back pain with left lower extremity numbness. Physical examination findings revealed tenderness over the lumbar spine with spasm noted in the paraspinal muscles. There is diminished sensation to light touch in the L5-S1 dermatome. Diagnoses include lumbar intervertebral disc degeneration and a lumbar sprain. The treatment plan recommends Lidoderm, Norco, Prevacid, and gabapentin. The note states that Terocin patch did not work for him and Lidoderm patch "does offer relief." A progress report dated April 2, 2014 recommends discontinuing gabapentin due to severe adverse G.I. side effects. An electrodiagnostic study performed on April 11, 2014 identifies left L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, it appears the patient has failed gabapentin, but there is no indication that the patient has failed other first line neuropathic pain medications such as tricyclic antidepressants or SNRIs. Additionally, there is no documentation of specific analgesic effect (in terms of percent reduction in pain or reduced NRS) or objective functional improvement as a result of the currently prescribed lidoderm. As such, the currently requested lidoderm is not medically necessary.