

Case Number:	CM13-0014930		
Date Assigned:	06/06/2014	Date of Injury:	10/21/2001
Decision Date:	07/11/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/22/2013

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 50 year old female who was injured on 10/21/2001. She was later diagnosed with lumbar radiculopathy, myofascial pain syndrome, and chronic shoulder pain. She was treated with medications including opioids, SSRIs, neurontin, topical analgesics, muscle relaxants, and baclofen. She also was treated with exercise, nerve blocks, physical therapy, surgery, and TENS unit according to the documents provided. She was seen on 7/22/13 requesting a refill of her fentanyl and oxycodone to treat her low back pain and bilateral lower extremity pain. It was reported then that she had been slowly weaning her medications, namely her opioids (fentanyl and oxycodone), which the worker was apparently tolerating this wean at the time. Her pain level was reported at a 7/10 with medications and 10/10 without. Her activity levels were reported at a 5/10 level with medications, and 0/10 without. Refills were prescribed by her treating physician for her usual medications including Cymbalta, fentanyl, gabapentin, lidocaine, oxycodone/acetaminophen, and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE 5% (700MG/PATCH) PATCHES #60 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation ODG 2013 Topical Analgesics, Lidoderm (Lidocaine Patch).

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Documentation of functional and pain improvements with use are recommended for continuing its use. In the case of this worker, Lidocaine 5% patches were listed in the current medication list as well as in the documented list of medications "trialed/discontinued", but no further clarification was found in the documents provided. The worker, seems to have been a candidate for Lidoderm trial in the past, but there is some lack of clarity as to whether or not she had actually responded to the medication in the past to warrant its continued use. No documentation was found in the notes provided showing evidence of functional improvement as well as pain improvement specifically with lidocaine use, which is also needed. Therefore, the request for Lidocaine 5% (700mg/patch) patches #60 with one refill is not medically necessary and appropriate.