

Case Number:	CM13-0015606		
Date Assigned:	06/06/2014	Date of Injury:	05/21/1990
Decision Date:	08/04/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 70-year-old male who reported an injury on 05/21/1990. The mechanism of injury was not provided within the medical records. The clinical note dated 01/16/2014 indicated diagnoses of chronic pain syndrome, myalgia and myositis, lumbosacral spondylosis, and radicular syndrome of the lower limbs. The injured worker reported he continued to use his medications appropriately. The injured worker reported that Lidoderm had not been refilled. The injured worker reported he continued to use his gym membership and that the gym was very beneficial. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Lidoderm and tramadol. The provider submitted a request for Lidoderm patch with 3 refills. A Request for Authorization dated 03/01/2014 was submitted for Lidoderm patch; however a rationale was not provided for review.

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 three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The CA MTUS guidelines recommend Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (Selective Norepinephrine Reuptake Inhibitor) anti-depressants or an AED (Antiepilepsy Drugs) such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is lack of documentation, including an adequate and complete physical exam, including a quantified pain assessment. Moreover, the request does not indicate a frequency or dosage for this medication. Therefore, the request for Lidoderm patch 5% (#30) with three refills is not medically necessary and appropriate.