

Case Number:	CM13-0018987		
Date Assigned:	10/11/2013	Date of Injury:	07/18/2012
Decision Date:	02/21/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine, Rehabilitation, and Pain Management has a subspecialty in Interventional Spine 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 physician 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 60 year-old male with a 7/18/12 industrial injury. He has been diagnosed with headaches, neck sprain/strain and chronic pain syndrome. The IMR application shows a dispute with the 7/31/13 UR decision from [REDACTED] for the denial of Lidoderm patches. The UR letter was based on the 7/23/13 medical report from [REDACTED] reports ongoing chronic pain, but notes the medications are helpful with no side effects. The patient was reported to be using Cymbalta and Flector patches, but the prescription was for Cymbalta and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 1.3% QD PRN(Every Day as Needed) #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 & 111-113.

Decision rationale: Very limited information is available for this IMR. I have been provided 14 pages of records consisting of the IMR application, the UR denial letter, and the 7/23/13 and

8/2/13 reports from [REDACTED] MTUS states that topical lidocaine is for: "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (Serotonin and Norepinephrine Reuptake Inhibitor) anti-depressants or an AED(Antiepileptic drug) such as gabapentin or Lyrica)." According to the 8/2/13 supplemental report, from [REDACTED], the patient has tried Pamalor (nortriptyline), a TCA (Tri-Cyclic Antidepressant), and Cymbalta, a SNRI. The patient is reported to have neuropathic pain radiating from the neck to the bilateral hands. The use of Lidoderm patches appears to be in accordance with the MTUS guidelines. Therefore, Decision for Lidoderm patch 1.3% QD PRN(Every Day as Needed) #30 is medically necessary and appropriate.