

Case Number:	CM13-0025694		
Date Assigned:	11/20/2013	Date of Injury:	09/26/2003
Decision Date:	01/31/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/18/2013

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 and 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 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:

The patient is a 68-year-old female who reported a work-related injury on 09/26/2003. The patient has diagnoses of cervical radiculopathy, recurrent impingement of the right shoulder, bilateral carpal tunnel syndrome, right knee lateral meniscal tear, and degenerative disc disease of the lumbar spine. The patient has undergone conservative treatment to include physical therapy sessions. The patient has complaints of neck, back, and right shoulder pain. A request was made for Lidoderm patches every 12 hours, alternating with P3 topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches every 12 hours alternating with P3 topical compound, two to three times a day, #120: Upheld

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

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

Decision rationale: Recent clinical documentation submitted for review stated the patient had been suffering from an acute exacerbation of her neck and back pain. She had been utilizing her topical patches with little relief. The patient had continuing complaints of right shoulder pain

exacerbated with the use of her arm and overhead use of her arm. The patient was given an injection of 60 mg of Toradol IM. She was also provided with a prescription refill of Lidoderm patches, which she was noted to use every 12 hours for acute exacerbations, alternating with P3 topical compounded 2 to 3 times a day. California Chronic Pain Medical Treatment Guidelines indicate that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy to include tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. There was a lack of documentation stating the patient had failed trials of first-line recommendations to include oral antidepressants and anticonvulsants. Guidelines further state that Lidoderm patch is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical documentation submitted for review does not support the request for Lidoderm patches. As such, the decision for Lidoderm patches every 12 hours alternating with P3 topical compounded, 2 to 3 times a day, #120 is non-certified.