

Case Number:	CM13-0032990		
Date Assigned:	12/06/2013	Date of Injury:	05/18/2006
Decision Date:	03/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Illinois. 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.

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 56-year-old who reported injury on 05/18/2006. The mechanism of injury was not provided. The patient's pain level was noted to have increased and her activity level was noted to have decreased. The patient's diagnoses were noted to include wrist pain, spasm of muscle and cervical pain. The request was made for a refill of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, 60 count: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin and noradrenaline reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders. The clinical documentation indicated that the patient's pain level had increased and their activity level had decreased. The clinical documentation submitted for review failed to indicate the patient had a

trial of first line therapy and there was a lack of documentation of the efficacy of the requested medication. Additionally, the patient was noted to be using 2 per day which would equal 60 patches. There is lack of documentation indicating the necessity for 90 patches. The request for Lidoderm 5% patch, 60 count, is not medically necessary or appropriate.