

Case Number:	CM13-0042043		
Date Assigned:	12/20/2013	Date of Injury:	03/07/2013
Decision Date:	04/01/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 54 year-old with a date of injury of 03/07/13. The mechanism of injury was a cash drawer that fell upon her right wrist. She was diagnosed with myofascial strain. The most recent PR-2 report, dated 09/12/13, identified subjective complaints of right arm pain and distal symptoms of numbness in the thumb. She has occasional swelling of the arm. Objective findings included tenderness of the arm, decreased range-of-motion of the shoulder, and decreased sensation. Diagnostic studies were not performed. Diagnoses indicate that the patient has a sprained interosseous membrane and bilateral trapezius strain secondary to spasm of the forearm. Treatment has included previous occupational and physical therapy and oral agents including gabapentin, antidepressants and analgesics. She is intolerant of NSAIDs. She has been treated previously with a Lidoderm patch with a favorable response. Treatment now recommended is a Lidoderm patch. A Utilization Review determination was rendered on 09/17/13 recommending non-certification of "Lidoderm Patch".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57; 35-36.

Decision rationale: Lidoderm (lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use: - Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology; - There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica); - This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints; - An attempt to determine a neuropathic component of pain should be made; - The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day); - A trial of patch treatment is recommended for a short-term period; - Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. There are two main provisions in the guidelines above. First, that the value is only for neuropathic pain, and second that the treatment is second-line and must follow an attempt at first-line therapy. In this case, the patient's symptoms have a neuropathic quality to them. The MTUS Guidelines concerning Complex Regional Pain Syndrome, a subjective diagnosis, include the following criteria: (1) The presence of an initiating noxious event; (2) Continuing pain, allodynia, or hyperalgesia which is disproportionate to the inciting event; (3) Evidence at some time of edema; (4) The diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. The patient has signs/symptoms that meet these criteria. Additionally, she has had a reasonable trial of first-line therapy including physical therapy, NSAIDs, antidepressants, and anti-epilepsy drugs (gabapentin). Likewise, she has had a favorable response to Lidoderm in the past. Therefore, medical necessity is met for Lidoderm patch therapy.