

Case Number:	CM13-0053203		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2001
Decision Date:	03/20/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology has a subspecialty in Pain Management 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:

The patient reported an injury on 10/21/2001. The mechanism of injury was not provided. The note dated 09/16/2013 indicated that the patient had complaints of low back pain and right shoulder pain with bilateral lower extremity pain, disruption of sleep architecture, and depression. It is noted the patient tried increasing her Trazodone by 50%, no changes were noted. It is noted the previous dose would be resumed. It was noted that the patient continued to have improvements in pain and function which were significant and allowed her to complete activities of daily living around the house, including yard work, self-care, and communication, personal interactions, and housework. It was noted that the patient's pain level with medications was 5/10, pain level without medications was 10/10; activity level with medications was 3/10 and activity level without medications was 0/10. It is noted the patient's current medications are Cymbalta 60 mg twice daily; Fentanyl Patch 50 mcg, 1 every 48 hours; Gabapentin 300 mg, 3 times a day; Lidocaine patch, 1 to 2 once daily; 12 hours on, 12 hours off; Oxycodone/Acetaminophen 10/325 mg, 1 to 2 every 4 hours as needed; Tegaderm absorbent dressing, 1 as directed to skin; and Trazodone 50 mg, 2 at bedtime. It was noted the patient had signed an opiate agreement, opioid risk tool had been applied, and urine toxicology screens had been appropriate. Diagnoses listed were joint pain - shoulder, lumbar radiculopathy, myalgia and myositis, and postlaminectomy syndrome - lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine dosage: 5% 700mcg/patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Lidocaine 5%, 700 mg /patch adhesive is non-certified. The California MTUS states that the indication for Lidocaine is neuropathic pain. In addition, it is recommended for localized peripheral pain after there has been an evidence of a trial of first-line therapy such as tricyclic or SNRI antidepressants, or an AED such as Gabapentin or Lyrica. The records provided for review indicated the patient's pain level without medications was 10/10, and with medications, they were 5/10. Activity with medications was 3/10, and without medications, activity was 0/10. It is indicated the patient's medications were Cymbalta, Fentanyl Patches, Gabapentin, Lidoderm Patch, Oxycodone/Acetaminophen, Tegaderm, and Trazodone. The notes provided for review failed to show an indication of neuropathic pain or localized peripheral pain. As such, the request for Lidocaine patch 700 mcg/patch is not found to be medically necessary. Therefore, the request is non-certified.