

Case Number:	CM13-0054898		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2003
Decision Date:	03/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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 and Pain 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 is a 38-year-old male who sustained an injury on 10/06/2003 of unspecified nature. The documentation submitted for review indicated the patient had a right wrist fusion. The patient was evaluated on 12/04/2013 for hardware irritation following the right wrist fusion and hypertrophic scar on the right wrist. The evaluation did not indicate the patient's pain level or functional limitations. The documentation submitted for review indicated the patient was hoping to discuss the possibility of hardware removal for his right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Lidoderm Patches, 1 to 3 patches per day, #90 with 3 refills: Upheld

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

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

Decision rationale: MTUS Guidelines state that Lidoderm patches may be recommended for use of localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). The documentation submitted for review did not indicate the patient had tried a first line therapy. The guidelines

further state Lidoderm is not a first line treatment and is only FDA approved for postherpetic neuralgia. The documentation submitted for review did not indicate the patient had postherpetic neuralgia. The documentation submitted for review did not indicate the patient's pain level or functional limitations. The documentation submitted for review did not indicate the patient's analgesic effect of the medication. Thus, the continued use of the medication is not supported. Given the information submitted for review, the request for Lidoderm patches, 1 to 3 patches per day, #90 with 3 refills is non-certified.