

Case Number:	CM13-0055369		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2001
Decision Date:	05/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine 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 expert 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 58-year-old female with date of injury on 06/28/2001. The notes provided state she had a fall at work, where she was a teacher's aide for [REDACTED]. She has diagnoses of low back pain, right shoulder pain with rotator cuff tear, left knee pain with arthritis, and right sided sacroiliitis with right leg sciatica. She carries a comorbid diagnosis of depression. She has multiple medical diagnoses including hypertension, hyperlipidemia, and coronary artery disease as well. She takes multiple medications in relationship to these illnesses. The treatment for her pain has included physical and aquatic therapy, which has reported to increase her activities and endurance and improve her pain syndrome. One note provided states that trigger point, acupuncture, pain medication, transcutaneous electric nerve stimulation (TENS), massage, and psychotherapy treatments as having no effect on her pain. Furthermore, chiropractic care is reported to have worsened her pain syndrome. Her current regimens for pain control in the most recent note provided include Naprosyn, Terocin patches, and Lidoderm patches. The topical patches have been denied in the past. The current request is for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES: 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 MTUS guidelines position on Lidoderm (brand for lidocaine patches) is that this is not a first-line therapy for pain and trial and failure of other therapies must be documented. These could include tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitor (SNRI), or other anti-epileptic drug (gabapentin) as lidocaine is approved for peripheral neuropathy pain. In fact, it is truly only FDA approved for post-herpetic neuralgia. Given the lack of documentation per the notes provided of trial and failure of any of the first-line drugs, lack of documentation that this patient has peripheral neuropathy as part of her industrial pain syndrome, coupled with the fact that this is only approved for post shingles pain, the guidelines have not been met. Therefore, the request for Lidoderm patches are not medically necessary.