

Case Number:	CM13-0055683		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2012
Decision Date:	06/16/2014	UR Denial Date:	11/11/2013
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 41 year old female injured on 12/19/2012 when a door slammed and shut in her face resulting in injuries to her nose, forehead, neck and head. Treatment to date includes medication management, Transcutaneous Electrical Nerve Stimulation (TENS), physical therapy, acupuncture and chiropractic treatment. Clinical note dated 04/07/14 indicates the injured worker returned to work on 03/27/14 and has noted an increase in pain and return of numbness in the right hand. The injured worker reports benefit from Lidoderm Patches for neuropathic burning pain in the left posterior arm and elbow as well as lancinating shooting pain in the right upper extremity. The injured worker utilizes Lidoderm Patches over her neck and trapezius (two patches per day). The injured worker has previously failed trials of Neurontin, Cymbalta and Lyrica for neuropathic pain. Physical examination revealed cervical range of motion is flexion 35, extension 40, right rotation 50 and left rotation 40 degrees and marked decrease in grasp strength.

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: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, Lidoderm is 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The provided records indicate the injured worker receives significant benefit from the Lidoderm Patches and has reduced levels of neuropathic pain as a result. Additionally, the injured has previously failed Cymbalta, Lyrica, and Neurontin for neuropathic pain. As such, the request for Lidoderm Patches per 10/31/13 are medically necessary.