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| Case Number: | CM13-0060455 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/13/2003 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 Physical Medicine & Rehabilitation 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 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:

According to the records made available for review, this is a 44-year-old female with a 3/13/03 date of injury. At the time of request for authorization for Lidocaine 5% 700mg, there is documentation of subjective (low back pain with spasms, burning bilateral arm pain with spasm, and neck pain) and objective (spasm of the right and left trapezius, decreased cervical range of motion, tenderness to palpation in the scapular and trapezius region bilaterally, temperature change in the right hands, decreased grip strength of the right hand, and hyperesthesia of the lower extremities) findings, current diagnoses (reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, and depression), and treatment to date (acupuncture, chiropractic treatment, physical therapy, injections, and medications (Fentanyl, Topamax, Abilify, Seroquel, Amitza, Prozac, and Lidoderm patch 5%)). Report indicates ongoing (greater than 3 months) use of Lidoderm patch. There is no documentation of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED), and improvement in neuropathic pain with continued use of Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% 700mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, and depression. In addition, there is documentation of ongoing (greater than 3 months) use of Lidocaine patch and neuropathic pain. However, given documentation of ongoing therapy with anti-depressants and an AED (Topamax, Abilify, Seroquel, and Prozac), there is no documentation of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED). In addition, there is no documentation of improvement in neuropathic pain with continued use of Lidoderm patch. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 5% 700mg is not medically necessary.