

Case Number:	CM13-0062283		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2013
Decision Date:	04/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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 47-year-old female who reported an injury on 03/04/2013. The mechanism of injury was noted to be the patient was lifting the lid of a copier and felt a pop. The patient's medication history included Ultram as of 07/2013. The documentation dated 10/11/2013 revealed the patient had pain affecting the cervical spine and right hand. It was indicated the patient was taking tramadol and using Biotherm cream. The patient's diagnoses were noted to include chronic cervical spine sprain, right shoulder rotator cuff syndrome rule out tear, right elbow lateral epicondylitis, and right hand and wrist numbness rule out carpal tunnel syndrome. The treatment plan was noted to include a short course of physical therapy and a refill of medication, as well as a trial of Lidoderm patches, as the physician opined the patient would benefit from a trial of Lidoderm patches as she had failed first line therapy and remained symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% #60: 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 Chronic Pain Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was a lack of documentation indicating the patient had neuropathic pain. Per the physician, the patient had failed first line treatment. The patient had failed physical therapy, activity restrictions, medications, and home exercise. However, there was a lack of documentation of a trial and failure of a tricyclic or SNRI antidepressant or AED. Given the above, the request for a prescription of Lidoderm Patches 5% #60 12 hours on and 12 hours off to affected area is not medically necessary and appropriate.