

Case Number:	CM13-0062540		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2003
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 03/10/2003. The mechanism of injury was not provided in the medical records. His symptoms included pain to the lower back, bilateral upper extremities, left shoulder, and left knee. He continued to have increased pain to the anterior left knee as well as cracking/popping with flexion. It was noted the injured workers medication regimen helped improve his pain and function. He reported his pain at a 6/10 without medications. The injured workers medication regimen included capsaicin 0.075% cream, ketamine 5% cream, diclofenac sodium 1.5% 60 gram, hydro/APAP 10/325 mg, Lidoderm 5% patch, cyclobenzaprine/Flexeril 7.5 mg, and pantoprazole. Past medical treatment included oral medications. The diagnostic studies included an MRI (magnetic resonance imaging) of the left shoulder showing inflammation and tendonitis on an unknown date. On 12/06/2013, a request for Lidoderm 5% patches was made. A rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF LIDODERM 5% PATCHES: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic or serotonin-norepinephrine reuptake inhibitors (SNRIs) antidepressant or an antiepileptic drug (AED) such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipyretics. The documentation submitted for review failed to provide evidence of significant objective functional improvement or documentation of the need for the requested medication. The documentation failed to provide evidence of a trial period of first line therapy such as a tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for perspective request for 1 prescription of Lidoderm 5% patches is non-certified.