

Case Number:	CM13-0063177		
Date Assigned:	12/30/2013	Date of Injury:	04/06/2000
Decision Date:	05/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Rehabilitation, 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 55-year-old who reported an injury on April 6, 2000. The mechanism of injury was not provided in the medical records. The injured worker's medication regimen included Keppra, Tizanidine, and Lidoderm patches. The injured worker was noted to have muscle strength of -4/5 to the left abductor pollicis brevis and first dorsal interosseous muscles. His reflexes were noted to be 2+ to the upper and lower extremities. He was noted to have a negative Romberg test and normal gait. The injured worker was diagnosed with cervicalgia and brachial neuritis or radiculitis. Past medical treatment included a muscle stimulator pad and medications. Diagnostic studies were not included in the medical records. A request for authorization was not provided in the medical records; therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, THIRTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 112.

Decision rationale: According to the Chronic Pain Medical Treatment 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 SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (anti-epileptic drug), 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 antipruritics. The most recent clinical note provided indicated the injured worker was prescribed Keppra, tizanidine, and Lidoderm patches. The documentation also stated the injured worker was doing well or at least stable on his medications. However, the documentation failed to provide evidence of a trial of first line therapy such as tricyclic or serotonin-norepinephrine reuptake inhibitor anti-depressants or an AED such as gabapentin or Lyrica. The clinical note also failed to provide documentation of significant objective functional improvement with the use of the requested medication. Therefore, the request is not supported. The documentation provided did not include a recent clinical note detailing the patient's current condition. Additionally, the request as submitted failed to indicate the frequency at which this medication is to be utilized. The request for lidoderm patches 5%, thirty count, is not medically necessary or appropriate.