

Case Number:	CM13-0070116		
Date Assigned:	01/03/2014	Date of Injury:	07/22/2012
Decision Date:	04/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 Texas and 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 54 year old female who was injured on 7/22/2012. The diagnosis is CRPS complex regional pain syndrome of the right upper extremity which developed after the injury. The patient has both subjective and objective features that met the criteria for CRPS. [REDACTED] noted on 9/18/2013 that the burning pain is now progressing to the right face and left upper extremity. The other diagnoses listed are right shoulder tendinosis, right wrist pain, depression, anxiety and insomnia. The use of high dose opioids was associated with daytime sleepiness. Treatments with stellate ganglion blocks, psychotherapy and medications have not provided adequate pain relief. The medications listed are Cymbalta 30mg for depression and neuropathic pain, Naproxen and Hydrocodone for pain, gabapentin 600mg tid for neuropathic pain and Prozac 20mg for depression and anxiety. The Lidoderm was for the treatment of allodynia associated with the neuropathic pain

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. The patient has a diagnosis of CRPS causing neuropathic type pain with severe allodynia. [REDACTED] reported that the allodynia was so severe that even clinical examination was painful. The patient's ADL is significantly impacted by the chronic pain and associated allodynia. Lidoderm patch, a topical formulation of lidocaine is very effective in controlling the skin sensitivity and skin pain. The patient is already utilizing optimum dosages of MTUS recommended first-line medications such as gabapentin, Elavil and Cymbalta but still requires topical analgesic medication to control the skin sensitivity. The opioids dosage cannot be increased because the patient had previously experienced severe drowsiness that was treated with Provigil. The criteria for the use of Lidoderm patch are met