

Case Number:	CM13-0071430		
Date Assigned:	01/08/2014	Date of Injury:	04/13/2003
Decision Date:	06/10/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 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:

According to the records made available for review, this is a 61-year-old female with a 4/13/03 date of injury. At the time (11/11/13) of request for authorization for Lidoderm patches, there is documentation of subjective (continued neck, upper and lower back pain, bilateral shoulder pain, and bilateral knee pain) and objective (decreased range of motion of the left shoulder, neck, and trunk; parathoracic tenderness from T1-T12; paralumbar tenderness from L1-L5; spasms of the cervical, thoracic and lumbar spine; and tenderness to palpation over the left and right rotator cuff) findings, current diagnoses (chronic right knee pain status post knee replacement, chronic left knee pain status post partial knee replacement, chronic left shoulder pain, chronic cervical pain with spinal stenosis, and chronic lumbar pain), and treatment to date (ongoing therapy with Lidoderm patches since at least 7/8/13). There is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic right knee pain status post knee replacement, chronic left knee pain status post partial knee replacement, chronic left shoulder pain, chronic cervical pain with spinal stenosis, and chronic lumbar pain. In addition, there is documentation of chronic pain. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidoderm patches since at least 7/8/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lidoderm patches. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches is not medically necessary.