

Case Number:	CM14-0105918		
Date Assigned:	07/30/2014	Date of Injury:	12/09/2009
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 injured worker is a 51-year-old female who reported an injury on 12/09/2009 while working as a teacher's assistant she sustained an industrial injury to her neck, back, left shoulder, left knee, teeth and jaw. The diagnoses included neck strain, headaches; status post left shoulder arthroscopy, bilateral lower extremity radiculopathy and right wrist tendinosis. The injured worker's past treatments included 4 years of multiple treatments that included medications, therapy, multiple consultations, diagnostic studies, and other treatments and interventions. Not available for review. An ultrasound to the bilateral extremities revealed a 2 to 3 mm disc bulge at the L2-4. The surgical history included a status post left knee arthroscopy dated 05/12, status post left shoulder arthroscopy with Mumford procedure dated 05/17/2013. The objective findings of the lumbar spine dated 05/29/2014 revealed tenderness to the paravertebral, a flexion of 40 degrees, extension 40 degrees, a positive straight leg raise, deep tendon reflexes +2 bilateral at the Patellar/Achilles, and decreased sensory to the left lower extremity. The medications included Neurontin 600 mg and Lidoderm patch 5%, Gabapentin, Ibuprofen, Zolpidem, Axid, Cyclobenzaprine 7.5, Hydrocodone/APAP 2.5/325 mg. The injured worker reported her pain with medication of 4/5 without medication 8/10 with duration of relief 3 to 4 hours. The treatment plan included temporary disability for 4 to 6 weeks, follow-up in 4 to 6 weeks; continue medication and pending response for a lumbosacral MRI. The rationale for the Lidoderm patch was not provided. The request for authorization dated 07/30/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines, pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

Decision rationale: The California MTUS 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 anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per the guidelines, Lidoderm is recommended for localized peripheral pain after there has been evidence of a first trial of first-line therapy. Per the clinical notes the injured worker did not have a diagnosis of post-herpetic pain. Per the clinical notes the injured worker is also taking Norco and Neurontin with a pain level of 4/10 for duration of 3-4 hours. The request did not address the frequency. As such, Lidoderm Patch 5% #1 is not medically necessary.