

Case Number:	CM14-0011455		
Date Assigned:	06/11/2014	Date of Injury:	09/22/2004
Decision Date:	07/21/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 63-year-old female who reported an injury on 09/27/2004. The documentation of 12/02/2013 revealed the injured worker tried a friend's Lidoderm patches on her shoulder. The diagnoses included bilateral shoulder sprain/strain, bilateral wrist tendinosis, status bilateral shoulder scope and Mumford, right carpal tunnel release 10/2006, and left carpal tunnel release 03/2006. The treatment plan included Lidoderm patches and Tylenol #4 as well as bilateral wrist gel supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% QUANTITY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Lidoderm).

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

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 norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is

only Food and Drug Administration (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. The clinical documentation submitted for review failed to provide documentation of a trial and failure of a first line therapy. There was a lack of documentation indicating the injured worker had post-herpetic neuralgia which is the only FDA approved indication. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation submitted for review indicated the injured worker had trialed a friend's Lidoderm patches. However, there was a lack of documentation of objective functional benefit that was received. Given the above, the request for Lidoderm patch 5% quantity 30 is not medically necessary.