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| Case Number: | CM14-0012875 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 06/10/2008 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 01/21/2014 |
| Priority: | Standard | Application Received: | 01/31/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 Physician 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:

This is a 58-year-old male with a date of injury of 6/10/08. The mechanism of injury was not noted. On 1/6/14, he complained of continued neck and shoulder pain, and poor sleep. On exam, there was tenderness on palpation of the cervical spine with decreased range of motion. There is paraspinal muscle tenderness in the lumbar spine with decreased range of motion. The diagnostic impression is cervicalgia, lumbago, and joint pain involving left shoulder. Treatment to date: surgery, physical therapy, medication management. A UR decision dated 1/21/14, denied the request for Lidoderm Patches. The rationale was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch at Bedtime #45 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm.

Decision rationale: The California MTUS guidelines indicate that topical lidocaine 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). The ODG indicates that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, guidelines recommend a trial of Lidoderm patches for a short-term period of no more than four weeks. The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day the patches are to be worn). The request is for #45 patches with 2 refills, which would not be for a trial period. It appears that this is a new medication, but there is no documentation of a prior trial of Lidoderm patches. There was no documentation of efficacy of the Lidoderm Patches noted. In addition, it was noted that the injured worker was on several neuroleptic medications, (gabapentin, Lyrica), and it was unclear why these medications were ineffective. In addition, it was noted that the injured worker had poor sleep despite Norco and Flexeril use, and that the provider is adding on Lidoderm at nighttime to help with sleep, which is not an indication recommended for Lidoderm patches. Therefore the request for Lidoderm Patch at bedtime #45, with 2 refills, was not medically necessary.