

Case Number:	CM14-0016935		
Date Assigned:	04/23/2014	Date of Injury:	04/06/2000
Decision Date:	05/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This male patient has a date of injury of 04/06/2000. The listed diagnoses per [REDACTED] dated 07/11/2012 are: 1. Cerebral concussion, industrial. 2. Posttraumatic headaches and muscle contraction headaches, industrial. 3. Extreme neck pain and torticollis with cervical dystonia, industrial. 4. Right upper arm pain. 5. Left C5-C6 radiculopathy. 6. Low back pain. 7. Breakaway weakness of the left hand. 8. Left carpal tunnel syndrome. According to the report, the patient's pain is reduced to 4-5/10 with medication use and 7-9/10 without medication. He complains of headaches and neck pain. The physical exam shows his heel is tilted to the right and downwards. There is cervical tenderness noted especially on the left side. The utilization review denied the request on 01/23/2014. The treating provider is requesting a retrospective decision for Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LIDODERM PATCHES 5%, #30 DOS: 9/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM PATCHES Page(s): 56-57; 112.

Decision rationale: This patient presents with chronic neck, arm, and back pain including left carpal tunnel syndrome. The treating provider is requesting retrospective Lidoderm patches 5%. The MTUS Guidelines page 56 and 57 on Lidoderm patches recommended topical lidocaine for localized peripheral pain after there has been evidence of a trial or first line of therapy (tricyclic or selective norepinephrine reuptake inhibitor (SNRI) antidepressants, or anti-epileptic drugs (AED) such as gabapentin or Lyrica). MTUS further states, "Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia." In this case, the treating provider does not indicate where the patches are used. These patches are not indicated for axial spinal pains but for neuropathic pain. There is also lack of any benefit or efficacy from the use of lidoderm patches. Recommendation is for denial.