

Case Number:	CM14-0118898		
Date Assigned:	08/06/2014	Date of Injury:	05/08/1999
Decision Date:	09/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 Texas and 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:

The injured worker is a 56-year-old male who reported an injury on 04/08/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 07/07/2014 indicated diagnoses of fibromyalgia/myositis and complex regional pain syndrome type 1, upper extremity. The injured worker reported pain since the previous visit that was unchanged. The injured worker reported medication had helped him to improve his functional ability. The injured worker reported no side effects. The injured worker reported his pain level was 6/10. The injured worker's prior treatments were not provided for review. The injured worker's medication regimen included the Lidoderm patch, Neurontin, Norco, Prilosec, Topamax. The provider submitted a request for Lidoderm patch. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg) Quantity 60: Upheld

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

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

Decision rationale: The CA MTUS guidelines recommend Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker reported the medication is helping to improve his functionality and ability. There is lack of evidence of a trial of a first line therapy, such as Gabapentin or Lyrica. In addition, there is lack of efficacy with the use of this medication. Moreover, the provider did not indicate a rationale for the request. Additionally, the request did not indicate a frequency for this medication. Therefore, the request for Lidoderm 5% quantity 60 is not medically necessary and appropriate.