

Case Number:	CM14-0123106		
Date Assigned:	08/08/2014	Date of Injury:	04/22/2009
Decision Date:	10/03/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 72-year-old female who reported an injury on 04/22/2009. The mechanism of injury was not provided. On 12/24/2013, the injured worker presented with pain periodically and finds that massage seems to help. Her medications included Naprosyn, Lidoderm patch, Cymbalta, BenzePro, hydrochlorothiazide, and Lyrica. The diagnoses were CRPS of the right knee and status post right knee replacement. There was a VAS score of 7 day average: 9/10. The provider recommended a Lidoderm lidocaine patch 5% x30, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine patch 5%) X30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti depressants, Duloxetine, topical analgesics Page(s): 13-18, 4. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th edition, knee & leg,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Page(s): 56-57..

Decision rationale: The request for Lidoderm (Lidocaine patch 5%) X30 is not medically necessary. The California MTUS states that Lidoderm is indicated for localized peripheral pain after there has been evidence of a trial of a first line therapy: tricyclic or SNRI antidepressants or an AED, such as gabapentin or Lyrica. This is not the first line treatment and is only FDA approved for post-therapeutic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-therapeutic neuralgia. The injured worker does not have a diagnosis congruent with the guideline recommendation for Lidoderm patch. Additionally, there is lack of documentation that the injured worker underwent a trial of a first line treatment. The provider's request does not indicate the site at which the Lidoderm patch is indicated for or the frequency of the medication in the request as submitted. As such, medical necessity has not been established.