

Case Number:	CM14-0170642		
Date Assigned:	10/23/2014	Date of Injury:	05/24/2014
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 45year old man with a work-related injury dated 5/24/14. The worker was seen by the primary provider on 9/26/14 with a diagnosis of left chest wall contusion with fracture, left 4th rib with cortical defect anteriorly. The patient has been treated with cortisone and ibuprofen. He has continued pain. The exam shows tenderness in the left anterior chest. The plan of care includes topical Lidocaine in the form of Lidoderm patches and increased activity. Under consideration is the medical necessity of Lidoderm patches, which was denied during utilization review dated on 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: 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 and AED (gabapentin or Lyrica). Not a first-line treatment and is only FDA approved for post-

herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this case the patient doesn't have a diagnosis of post-herpetic neuralgia therefore the use of topical Lidocaine is not medically necessary.