

Case Number:	CM14-0170877		
Date Assigned:	10/23/2014	Date of Injury:	07/20/2013
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/16/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 51-year-old male with a date of injury of 07/20/2013. The listed diagnoses per [REDACTED] are: 1. Complex regional pain syndrome, type 1.2. Psychophysiological disorder.3. Pain in right arm. According to progress report 09/19/2014, the patient presents with complex regional pain syndrome. The patient continues to have pain and reports depression, anxiety, and frustration regarding his pain and lack of functional progress. He continues medication and requires a refill. The patient's medication regimen includes atenolol 25 mg, gabapentin 300 mg, lidocaine 5% patches, and Norco 10 mg. Examination of the cervical spine revealed loss of right-sided rotation. There were severe myofascial trigger points in the trapezius muscle. His right upper extremity remained markedly discolored when compared to his left. TTP over distal biceps tendon on the right noted. The patient has markedly diminished hand strength grip. The treater is requesting lidocaine 5% adhesive patches #30 for patient's complex regional pain syndrome. Utilization review denied the request on 10/02/2014. Treatment reports from 04/08/2014 through 09/19/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine patch 5%) x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Lidoderm (lidocaine patch) Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm® (lidocaine patch), Pain (Chronic)

Decision rationale: The patient presents with history of RUE injury resulting in right lateral epicondylar release and radial tunnel release with debridement with [REDACTED]. The patient also has CRPS symptoms and chronic pain. The treater is requesting Lidoderm patches 5% #30. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does not present with "localized peripheral pain." The treater is prescribing the patches for the patient's CRPS, which is supported by guidelines. But, recommendation for further use cannot be supported as the treater provides no documentation of efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the request is not medically necessary.