

Case Number:	CM14-0175747		
Date Assigned:	10/28/2014	Date of Injury:	02/25/2001
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational Medicine 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 is a 48-year-old female with a 2/25/01 date of injury. She was seen on 9/23/14 complaining of low back pain, 7/10. She was noted to be on MS Contin 60 mg and has a diagnosis of reflex synthetic dystrophy (CRPS). Objective findings included swelling of the left ankle and hyperesthesia of both shins with allodynia of the feet and ankles, decreased range of motion, and discoloration of the toes. Tenderness was noted at the L3-S1 level. The patient requested a refill of Lidoderm patches, which she noted provided significant relief of her foot pain. Of note, the patient was on Cymbalta but had to stop the medication due to GI side effects and insomnia. In addition, the patient is on Effexor, an antidepressant. Treatment to date: medications, SCS implant in 2003 The UR decision dated 10/14/14 denied the request, as there was no documentation of a trial of first line therapy prior to the use of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that 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). This patient has been on Cymbalta but had to stop due to side effects. In addition, she is currently on Effexor, an antidepressant. She has a diagnosis of CRPS for which pain is not easily controlled and is on opiates in addition to other medications to control her pain. The Lidoderm Patches were effective for this patient and may be able to reduce her opiate dosage for her pain control. This medication is appropriate in this case. Therefore, the request for Lidoderm Patch #60 was medically necessary.