

Case Number:	CM14-0180127		
Date Assigned:	11/04/2014	Date of Injury:	05/07/2002
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of May 7, 2002. A utilization review determination dated September 29, 2014 recommends noncertification of Lidoderm patches. Noncertification was recommended due to "lack of documentation provided showing that the requested medication provides a therapeutic effect," and lack of documentation of failed first-line therapy. A progress report dated June 24, 2014 identifies subjective complaints of pain in the lower extremities. The patient also has pain in the lower back. Current medications include baclofen, docusate, Lidoderm, ranitidine, Paxil, Percocet, Lyrica, Seroquel, bio freeze, and vitamin D. Physical examination findings reveal limited range of motion in the left ankle, 4/5 strength in the right ankle. Allodynia is noted to light touch in the lateral aspect of the right foot and dorsal aspect of the left foot. Diagnoses include causalgia of the lower limb, depressed mood, sciatica, and myofascial pain. The treatment plan recommends a prescription of Percocet and Seroquel. Additionally, a knee orthosis and x-ray of the right ankle are requested. A progress report dated July 23, 2014 indicates that the patient has numbness and tingling in the right foot. The patient's medications have been "helpful and effective as it allows her to at least tolerate normal activities throughout the day and helps her with sleep."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 percent Patch, Apply patch to skin #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings consistent with a diagnosis of localized peripheral pain. Additionally, the patient is on an antidepressant and an antiepileptic drug, both considered to be first-line agents for the treatment of neuropathic pain. Finally, the requesting physician has identified that the current pain regimen improves the patient's pain and function. It is acknowledged that the documentation is unclear in regards to how much pain relief and functional improvement are directly attributed to the Lidoderm. However, a one-month prescription of this medication should be sufficient to allow the requesting physician time to document that better. As such, the currently requested Lidoderm 5 percent Patch is medically necessary.