MAXIMUS Federal Services

Case Number:	CM14-0181465		
Date Assigned:	11/06/2014	Date of Injury:	02/21/1997
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old male who had a work injury dated 2/21/97. The diagnoses include cervical radiculitis ; lumbar radiculopathy; bilateral carpal tunnel syndrome; bilateral knee pain; bilateral shoulder pain; osteoarthritis of the left shoulder; headaches, migraine ; left-sided shoulder bursitis; diabetes mellitus ; status post bilateral carpal tunnel release.Under consideration are requests for Lidoderm 5% #30. A 9/26/13 progress note states the patient complains of upper extremity pain. Pain is in the left thumb pain. Pain is bilaterally in the shoulders. The pain is aggravated by activity and walking. There is lower extremity pain and pain is bilaterally in the knees. The patient reports no changes in medications being prescribed. There are ongoing occipital, migraine headaches. On physical examination the patient had limited ranges of motion in the lumbar spine and shoulders due to pain, and unsteady gait with use of a cane. There was tenderness along the long head of the left bicep, left rotator cuff, left acromioclavicular joint. There was decreased touch sensation in bilateral upper extremities, and tenderness to palpation in both knees as well as allodynia in both upper extremities. There is a 12/13/13 document that states that she has had limited response to gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

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.

Decision rationale: Lidoderm 5% #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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 is not a first-line treatment and is only FDA approved for post-herpetic neuralgia.The documentation states that the patient has had a limited response to Gabapentin. There is no evidence that she has had a trial of Lyrica. The request for Lidoderm 5% #30 is not medically necessary.