

Case Number:	CM14-0024262		
Date Assigned:	06/11/2014	Date of Injury:	11/16/2000
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 56 year old female who reported an injury on 11/16/2000. The nature and mechanism of the injury are unknown. On a report of 05/28/2014 her complaints included moderate low back pain radiating to her left buttock. Moderate, continuous neck pain, left ankle and toe pain and bilateral wrist pain. An earlier MRI revealed a slight narrowing of C5-6 and L5-S1. There is mention made of prior cervical injections and/or ultrasound guided injections "for affected trigger points dexta lido Traps L and Traps R". No other data are included about these treatments. On 05/28/2014 her medications included Lidoderm patch 5% 700 mg, Lisinopril/Hctz 10/12.5 mg, Methocarbamol 750 mg, Savella 50 mg, Tramadol 50 mg, Voltaren gel 1%, Cymbalta 30 mg and Zipsor 25 mg. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for Lidoderm patch 5% is non-certified. This 56 year old female reported an unknown injury on 11/16/2000. Her complaints included moderate low back pain radiating to her left buttock. Moderate, continuous neck pain, left ankle and toe pain and bilateral wrist pain. CA MTUS guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Lidocaine is recommended for localized peripheral pain after there has been evidence of trials of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. There is no evidence in the documentation of previously failed trials with tri-cyclic antidepressants or AEDs. This worker has reported pain to various body parts, and since the request does not specify a body part for application, the frequency of or indication for use. As such, this request for Lidoderm patch 5% is not medically necessary and appropriate.