

Case Number:	CM14-0025612		
Date Assigned:	06/13/2014	Date of Injury:	12/28/2012
Decision Date:	08/08/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

34y/o female injured worker with date of injury 12/28/12 with related right forearm pain. Per progress report dated 2/4/14, the injured worker rated her pain as 3-4/10 in intensity, 7/10 at its worst, 1/10 at the lowest. Physical exam of the right elbow revealed tenderness to palpation in the right forearm in the radial nerve distribution. X-ray of the elbow was negative. She has been treated with physical therapy, acupuncture, TENS unit, and medication management in the form of Lidocaine patches (she was not taking any pills for fear that they could interact with her Phenytoin medication). The date of UR decision was 2/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PATCHES 5% #30 (30 DAY SUPPLY): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 112 states Lidocaine Indication neuropathic pain 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). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not note neuropathic pain, nor do they indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidocaine patches are not recommended at this time. The request are not medically necessary.