

Case Number:	CM14-0041998		
Date Assigned:	06/30/2014	Date of Injury:	05/14/2011
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 46-year-old female with a 05/14/11 date of injury. The exact mechanism of injury was not described. The most recent progress report included is dated 03/14/14 and indicates that the patient complains of persistent pain symptoms, anxiety, chronic pain syndrome with both sleep and mood disorder. Physical exam revealed guarded cervical range of motion (ROM). This report indicates the prescription of Lidoderm 5% adhesive patch for diagnosis of degeneration of cervical intervertebral disk. Other diagnoses listed for the patient are displacement of cervical intervertebral disk without myelopathy, lateral epicondylitis. Patient is taking Naproxen up to twice a day (but not every day), and using Lidoderm patches topically as needed for localized pain. In addition, a visit note dated 10/14/2013 states that patient denies adverse effects associated with Lidoderm patches and is using them on an as needed basis for her lower back pain. The request is for Lidoderm 1% 700mg/patch, 1-2 patches 12hrs on, 12hrs off, #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 1 percent 700mg/patch 1-2 patches 12hrs on, 12hrs off #60 Refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch)/ Topical Analgesics Page(s): 56-57, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm/Lidocaine Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for use of Lidoderm patches.

Decision rationale: CA MTUS 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 anti-epilepsy drug (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In addition, the Official Disability Guidelines (ODG) sets criteria for use of Lidoderm patches, as described above. The guideline criteria are not met, since there is no diagnosis or finding indicating neuropathic pain and no evidence of prior first-line treatment with tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug (AED). In addition, the area of treatment is inconsistent, most reports do not specify the exact area of application; one report indicates the prescription of Lidoderm for cervical area, and another states the patient is using it for low back pain. Therefore, the request is not medically necessary.