

Case Number:	CM14-0045251		
Date Assigned:	06/27/2014	Date of Injury:	02/06/2007
Decision Date:	08/19/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 presented with the date of injury of February 8, 2007. A utilization review determination dated March 5, 2014 recommends noncertification of lidocaine topical patch. A urine drug screen requests dated October 17, 2013 indicates that the patient is using Lyrica. A progress report dated October 17, 2013 identifies subjective complaints of left burning pain. The note indicates that he remains on Lyrica and has seen a psychologist. He was recently started on trazodone and continues Prozac. Objective examination findings identify a stiff restricted gate and left leg with swelling and allodynia. Diagnoses include complex regional pain syndrome in the left lower extremity, chronic lumbar sprain/strain, depressive disorder, mild obstructive apnea, and acute herpes zoster. The treatment plan recommends increasing Lyrica for the neuropathic pain in the patient's left leg and using topical lidocaine cream for his neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: lidocain patch; 01/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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)v Page(s): 112 OF 127.

Decision rationale: Regarding request for topical lidocaine, 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. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form, and it is unclear if the patient is using a patch or cream. Finally, there is no documentation of analgesic benefit or objective functional improvement as a result of this medication. As such, the request for lidocaine patch is not medically necessary and appropriate.