

Case Number:	CM14-0045445		
Date Assigned:	06/27/2014	Date of Injury:	09/11/2004
Decision Date:	08/20/2014	UR Denial Date:	03/26/2014
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 Occupational 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:

This 48 year old patient had a date of injury on 9/11/2004. The mechanism of injury was when she was a caretaker picking up a patient. On a progress report dated 3/11/2014, the patient has low back and shoulder pain. When she takes medications, it comes down to a 6/10 to 7/10. He shoulder is 9/10 and comes down to 5/10 with medications. She continues to work full time. Objective findings show ongoing tenderness throughout right shoulder. Diagnostic impression includes right rotator cuff impingement and AC joint arthrosis, chronic low back pain Treatment to date: medication therapy, behavioral modification, surgery A UR decision on 3/26/2014 denied the request for lidoderm patches #30 with 4 refills on 3/11/2014. In the reports viewed, no rationale was found for this denial of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Lidoderm patches # 30 with 4 refills: 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 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

Decision rationale: MTUS states that Lidoderm is not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized neuropathic 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 area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). In a progress report dated 3/11/2014, the patient is noted to be on Neurointin 300mg tid, with no evidence provided that the patient has failed this 1st line therapy. Furthermore, the patient appears to be well controlled on her current pain regimen(6/10 with medications), and is documented to work full time. There was no discussion or rationale provided for the necessity of lidoderm patches at this time. Therefore, the request for lidoderm patches #30 x4 refills is not medically necessary.