MAXIMUS Federal Services

Case Number:	CM14-0045803		
Date Assigned:	07/02/2014	Date of Injury:	03/10/2012
Decision Date:	09/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 Medicine and is licensed to practice in California and Washington. 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 67-year-old male who reported an injury 03/10/2012. The mechanism of injury was not provided within the documentation. The clinical note dated 03/05/2014 indicates a diagnoses of chronic pain, myofascial pain with trigger points, headache, dizziness, imbalance, and depressed mood. The injured worker reported headache and imbalance. On Physical examination, the injured worker had muscle spasms to the left upper trapezius, shoulder, and left pectoralis minor and a positive twitch response. The injured worker ambulated with a well based gait. The injured worker's mood and affect appeared depressed. The injured worker received a trigger point injection. The injured worker's treatment plan included pain medication, refill of Lexapro and Lidoderm patch. The injured worker's prior treatments included diagnostic imaging, trigger point injection, and medication management. The injured worker's medication regimen included Lexapro and Lidoderm patch. The provider submitted a request for the Lidoderm patch. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The request for Lidoderm 5% patch #60 with 1 refill is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical Lidocaine (Lidoderm) 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 AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was lack of documentation of efficacy and functional improvement with the use of the Lidoderm patch. In addition, it was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. Moreover, it was not indicated if the injured worker had tried a first line therapy such as Gabapentin or Lyrica. Additionally, the request did not indicate a frequency for the Lidoderm patch. Therefore, the Lidoderm patch is not medically necessary.