

Case Number:	CM14-0051689		
Date Assigned:	07/07/2014	Date of Injury:	10/28/2002
Decision Date:	08/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehab 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 injured worker is a 55-year-old male with a reported date of injury on 10/28/2002. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses include cervical sprain/strain, right upper extremity radiculitis, right shoulder biceps tendonitis, lumbosacral sprain/strain, right sacroiliac joint sprain/strain, right knee chondromalacia patella, and right carpal tunnel syndrome. Previous conservative care included prescription medications and activity modifications. Previous diagnostic studies included MRI of the cervical spine on 03/07/2008 revealing multiple disc spaces with degenerative loss of signal, cervical disc curvatures. MRI of the lumbar spine on 03/07/2008 revealed disc space, height hydration characteristics are normal. An MRI of the right knee on 03/07/2008 revealed inferior narrowing of the PF joint, suspected patellar articular cartilage thinning. Previous surgeries include right shoulder surgery on 08/21/2009. The injured worker's medication regimen included Butrans patch, flurbiprofen, Lidoderm, Lyrica, Norco, and Pristiq. The rationale for the request was not provided within the documentation available for review. Treatment plan includes medication, activity modification, therapeutic modalities and procedural care. The Request for Authorization for Lidoderm patch 5% #30 with 3 refills was submitted on 03/25/2014. Treatment plan includes medication, activity modification, therapeutic modalities and procedural care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine) Page(s): 56-57.

Decision rationale: The California MTUS Guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and it is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical information provided for review lacks documentation related to the injured worker having postherpetic neuralgia. There is a lack of documentation related to trials and subsequent failure of antidepressants or AED medication. The clinical information provided for review, lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of VAS pain scale. In addition, the request as submitted failed to provide frequency and specific site at which the Lidoderm patches were to be utilized. Therefore, treatment history request for Lidoderm patch 5% #30 with 3 refills is not medically necessary.