

Case Number:	CM14-0062403		
Date Assigned:	07/11/2014	Date of Injury:	04/22/2013
Decision Date:	08/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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:

According to the records made available for review, this is a 53-year-old male with a 4/22/13 date of injury. At the time (4/24/14) of request for authorization for Lidoderm 5% 700 mg/Patch and Adhesive Patch 700 mg/Patch, there is documentation of subjective (bilateral upper extremity pain at the shoulders, elbows, and wrists) and objective (20% reduction of active range of motion at cervical spine, normal sensation, strength, and reflexes, and normal appearance and active range of motion of bilateral elbows and wrists) findings, current diagnoses (regional myofascial pain with bilateral shoulder complaints and findings consistent with medial epicondylitis and first dorsal compartment tenosynovitis), and treatment to date (medications (including ongoing treatment with Lidoderm 5% patch that reduces pain at the shoulders)). There is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy has failed and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm 5% patch use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adhesive Patch 700mg/Patch: 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 Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of regional myofascial pain with bilateral shoulder complaints and findings consistent with medial epicondylitis and first dorsal compartment tenosynovitis. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidoderm 5% patch, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm 5% patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Adhesive Patch 700 mg/Patch is not medically necessary.

Lidoderm 5% 700mg/Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of regional myofascial pain with bilateral shoulder complaints and findings consistent with medial epicondylitis and first dorsal compartment tenosynovitis. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidoderm 5% patch, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm 5% patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% 700 mg/Patch is not medically necessary.

