

Case Number:	CM14-0063399		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2010
Decision Date:	08/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 44-year-old female with a 4/6/10 date of injury. At the time (4/30/14) of request for authorization for Lidoderm patches #60 -1 patch BID every 12 hours, there is documentation of subjective (5/10 pain of right upper extremity that is starting to move from right upper extremity to left shoulder across the upper back area) and objective (purplish discoloration with coldness and slight stiffness of right hand, decreased strength with guarding of the right upper extremity, over sensitivity to light touch) findings, current diagnoses (upper extremity pain overuse-compensatory, complex regional pain syndrome-upper extremity, fascia inflammation neck, and complex regional pain syndrome leg), and treatment to date (medications (including ongoing treatment with Lidoderm patch, Cymbalta, and Neurontin)). There is no documentation 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 patches use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #60 -1 patch BID every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: 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. 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 upper extremity pain overuse-compensatory, complex regional pain syndrome-upper extremity, fascia inflammation neck, and complex regional pain syndrome leg. In addition, there is documentation of neuropathic pain. However, given documentation of current treatment with Cymbalta and Neurontin, there is no documentation that a trial of first-line therapy (SNRI anti-depressants or gabapentin) has failed. In addition, 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 patches use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches #60 -1 patch BID every 12 hours is not medically necessary.