

Case Number:	CM14-0068364		
Date Assigned:	07/14/2014	Date of Injury:	10/15/2012
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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 Preventive 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:

According to the records made available for review, this is a 54-year-old female with a 10/15/12 date of injury. At the time (2/27/14) of request for authorization for Lidoderm patches #60 with 3 refills, there is documentation of subjective (left hip, knee, and ankle pain) and objective (tenderness over the bilateral L5-S1 paraspinals, bilateral trochanter, left knee, and left ankle) findings, current diagnoses (chronic left knee sprain, chronic left ankle sprain, chronic left hip sprain, right hip pain, and chronic low back pain), and treatment to date (medications (including discontinued Amitriptyline and ongoing treatment with Lidoderm since at least 10/31/13), chiropractic therapy, acupuncture, and physical therapy). There is no documentation of neuropathic pain; 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 patch 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 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 lumbar chronic left knee sprain, chronic left ankle sprain, chronic left hip sprain, right hip pain, and chronic low back pain. In addition, there is ongoing treatment with Lidoderm patch, Furthermore, given documentation of previous Amitriptyline use, there is documentation that a trial of first-line therapy (tri-cyclic) has failed. However, there is no documentation of neuropathic pain. 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 patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches #60 with 3 refills is not medically necessary.