

Case Number:	CM14-0070123		
Date Assigned:	07/14/2014	Date of Injury:	09/30/2010
Decision Date:	08/29/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/15/2014

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. 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 42-year-old female with a 9/30/10 date of injury. At the time (4/4/14) of request for authorization for Lidoderm Patch 5% #30, there is documentation of subjective (radicular neck pain) and objective (restricted cervical range of motion, tenderness to palpation over the cervical paravertebral muscles with spasm, pain with Spurling's maneuver, absent biceps and brachioradialis reflexes on the left, decreased motor strength of the LUE, and decreased sensation over the left C5-C7 dermatome) findings, current diagnoses (cervical radiculopathy, cervical post-laminectomy syndrome, and cervical pain), and treatment to date (ongoing therapy with Lidoderm Patch, Lyrica and Naprosyn with pain relief and increased activities of daily living). There is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 Lidoderm 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 cervical radiculopathy, cervical post-laminectomy syndrome, and cervical pain. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of pain relief and increased activities of daily living with Lidoderm Patch, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of use of Lidoderm Patch. However, given documentation of ongoing treatment with Lyrica, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patch 5% #30 is not medically necessary.