

Case Number:	CM14-0072756		
Date Assigned:	07/16/2014	Date of Injury:	05/03/1998
Decision Date:	09/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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, Rehabilitation and Pain 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:

The injured worker is a 64 year old female with a reported date of injury on 05/03/1998. The mechanism of injury was not noted in the records. The diagnoses were degenerative lumbosacral disc and degenerative cervical disc. The past treatments included pain medication. There were no diagnostics submitted for review. There was no surgical history noted in the records. On 04/04/2014, the subjective complaints were neck and shoulder pain. The physical exam findings were neck spasms and a positive Spurling's test. The medications were Lidoderm patch and Motrin. The plan was to have an MRI of the cervical spine and refill medications. The rationale was to provide pain relief. The request for authorization form was dated 05/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm/Lidocaine 5% patch #30: Upheld

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

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

Decision rationale: The request for Lidoderm/Lidocaine 5% patch #30 is not medically necessary. The California MTUS guidelines state Lidoderm patches may be recommended for

localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Additionally the guidelines state Lidoderm is only FDA approved for post-herpetic neuralgia and further research is needed to recommend this treatment for other chronic neuropathic pain disorders. The injured worker had chronic neck and shoulder pain. Additionally, the injured worker was not noted to have post-herpetic neuralgia and the guidelines state additional research is needed to support use of Lidoderm patches for other types of neuropathic pain. Additionally the request as submitted did not provide a frequency. For these reasons, the request is not medically necessary.