

Case Number:	CM14-0077256		
Date Assigned:	07/18/2014	Date of Injury:	07/29/2009
Decision Date:	11/07/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 54 year old female with complaints of neck pain, low back pain, and upper and lower extremity pain. The date of injury is 7/29/09 and the mechanism of injury is fall injury slipping on water on the kitchen floor and landing on hitting her head/neck and landing on her coccyx which has led to her current symptoms. At the time of request for lidocaine patches (quantity not stated), there is subjective (neck pain, low back pain, shoulder pain, arm and elbow pain, knee pain, upper and mid back pain) and objective (tenderness to palpation cervical paraspinal musculature C4 thru C7, spurling's sign positive, tenderness to palpation thoracic paraspinal musculature, restricted range of motion lumbar spine, tenderness to palpation lumbar spine, facet loading positive left side, shoulders tenderness bicipital groove bilaterally, tenderness over medial joint line right knee) findings, imaging findings (MRI cervical spine 11/11/10 shows multilevel disc disease, instability C3-4,C4-5 extension flexion study, shoulder adhesive capsulitis left), diagnoses (cervical radiculopathy, lumbar facet syndrome, thoracic degenerative disc disease, cervical spondylosis, shoulder and knee pain), and treatment to date (medications, knee injections, rest). Lidoderm is FDA approved only for post herpetic neuralgia and used off label (orphan status designation by the FDA) for other types of neuropathic pain. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches (quantity not stated): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>.

Decision rationale: Per the MTUS-Chronic Pain Medical Treatment Guidelines, Lidoderm is FDA approved only for post herpetic neuralgia and used off label (orphan status designation by the FDA) for other types of neuropathic pain. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. As there is documentation of an AED being used, it is my opinion that Lidoderm one patch to skin daily as prescribed by the treating physician is appropriate and is medically necessary.

Flector patch (quantity not stated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Per the MTUS-Chronic Pain Medical Treatment Guidelines and ODG treatment decisions, Diclofenac topical analgesic patch (Flector) is an NSAID topical formulation and is FDA approved for the treatment of acute sprains, strains, and contusion and is not for chronic use beyond two weeks. As there is no documentation of specific duration use of flector as well as no mention of failure of oral NSAIDs, the request for Flector patch(Quantity not stated) is not medically necessary.