

Case Number:	CM14-0077515		
Date Assigned:	07/18/2014	Date of Injury:	01/22/2010
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 41-year-old female who reported an injury due to continuous trauma on 01/22/2010. On 05/25/2014, her diagnoses include C3-4 facet joint arthropathy; status post positive fluoroscopically-guided diagnostic right C3-4 and right C4-5 facet joint medial branch block; right cervical facet joint pain at C2-3, C3-4, and C4-5; right cervical facet arthropathy; status post fluoroscopically-guided right C5-6 and right C6-7 facet joint radiofrequency nerve ablation, right cervical facet joint pain at C5-6 and C6-7, cervical sprain/strain, right biceps tendinitis, right shoulder sprain/strain, and right upper extremity repetitive injury. Her medications included Ultram 50 mg, Zipsor 25 mg, Lidoderm 5% patch, and Percocet 5/325 mg. There was no rationale for the requested medication. A request for authorization dated 04/28/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidoderm 5% patches w/1 refill: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first-line therapy including tricyclic antidepressants or antiepileptic drugs such as Gabapentin or Lyrica. The only form of FDA-approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. This worker does not have a diagnosis of postherpetic neuralgia. Additionally, there was no body part or body parts specified in the request to which these patches should have been applied. Additionally, there was no frequency of application. Therefore, this request for Lidoderm 5% patches with 1 refill is not medically necessary.