

Case Number:	CM14-0117107		
Date Assigned:	08/04/2014	Date of Injury:	08/16/2012
Decision Date:	01/20/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/24/2014

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 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:

This is a 53 year old female who suffered an industrial related injury on 8/15/12. A physician's report dated 1/21/14 noted the injured worker had complaints of neck, shoulder, and upper extremity pain. The injured worker was taking Norco daily for pain relief. The injured worker stated previous trigger point injections were helpful. The physician reported the injured worker reached maximum medical improvement on 8/15/12. Diagnoses included repetitive strain injury of the neck and bilateral upper extremities, myofascial pain syndrome, and a history of trigger fingers. The injured worker received additional trigger point injections over the mid scapular area, scapular area, and bilateral deltoids on 1/21/14. The physician recommended 6 sessions of hand therapy to address the upper extremity symptoms. Lidoderm 5% patches and tegaderms were prescribed. On 6/10/14 the utilization review (UR) physician denied the requests for Lidoderm 5% patches #25 refill 30 and Tegaderms 4x4-3/4 #30. The UR physician noted the Medical Treatment Utilization Schedule guidelines recommend Lidoderm patches for post herpetic neuralgia as a second line agent. Due to the injured worker not being diagnosed with post herpetic neuralgia the request for Lidoderm patches are non-certified. The Tegaderms are also non-certified due to the non-certification of the Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% #15 refill 30: Upheld

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

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 repetitive strain injury of the neck and bilateral upper extremities, and myofascial pain syndrome. However, there is no documentation of neuropathic pain and that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidoderm patch, 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 specific result of Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm DIS 5% #15 refill 30 is not medically necessary.

Tegaderm FLM MIS 4 times 4-3/4 #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: An online search identifies Tegaderm as waterproof transparent dressing. 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 repetitive strain injury of the neck and bilateral upper extremities, and myofascial pain syndrome. However, there is no documentation of neuropathic pain and that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidoderm patch, 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 specific result of

Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Tegaderm FLM MIS 4 times 4-3/4 #30 is not medically necessary.