

Case Number:	CM14-0194852		
Date Assigned:	12/02/2014	Date of Injury:	04/15/2010
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/20/2014

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 Tennessee. 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 43-year-old female with a 4/15/10 date of injury. According to a progress report dated 10/16/14, the patient complained of persistent bilateral lower extremity pain with numbness, tingling, intermittent swelling, discoloration, and temperature change. She also complained of bilateral upper extremity pain with intermittent color change, swelling, numbness, weakness, and tingling. She reported that there was significant improvement with Cymbalta but had been unable to tolerate Neurontin, due to increased emotional liability. The provider has recommended that the patient continue Lidoderm over the hands and feet, to be changed every 12 hours as recommended. She reported bilateral muscle cramping, newer onset of tremors, insomnia, and constipation. Objective findings: notable discoloration of both upper and lower extremities, tenderness over both wrists and extreme sensitivity to light touch over the hands and forearms, tenderness to light touch over both lower extremities, mild neuromuscular deficits in the lower extremities. Treatment to date: medication management, activity modification, injections. A UR decision dated 11/5/14 denied the request for Lidoderm patches. The patient does not meet the criteria for failing oral neuropathic agents, and there is no documentation of its specific analgesic or functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 percent patches change every 12 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: CA MTUS states that topical Lidocaine 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, in the present case, there is no documentation of functional improvement from Lidoderm use. In addition, there is no documentation as to why this patient is unable to tolerate oral medications. Lastly, the number of patches to be applied to the affected area and the quantity of patches being requested are not noted. Therefore, the request for Lidoderm 5 percent patches change every 12 hours was not medically necessary.