

Case Number:	CM14-0199880		
Date Assigned:	12/10/2014	Date of Injury:	06/13/2002
Decision Date:	01/28/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in 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 38 year-old female with an original date of injury on June 13, 2002. The industry we related diagnoses are cervicgia, myofascial pain, cervical radiculitis, degeneration of cervical intervertebral disc, and pain of head and neck region. The patient's medications include cyclobenzaprine, orphenadrine, Dendracin, and lidocaine 5% adhesive patch. The patient is status post stellate ganglion block in 2003. She has gone through physical therapy, infrared therapy, and acupressure sessions. The patient has had 60% pain relief with Lidoderm patch and has allowed her to improve function in activities of daily living. The disputed issue is her request for lidocaine 5% patch quantity of 30. A utilization review on November 3, 2014 has not certified this request. The rationale for denial was the guidelines states topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with antidepressant or anticonvulsant. Since there is no evidence that the first-line therapy has been tried, the requests for Lidoderm patch has been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5 percent, 700mg per patch by transdermal route, once daily #30 with 1 refill:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: A progress note dated October 8, 2014 indicated the patient had 60% pain relief and improvement of function of daily living with using lidocaine 5% topical patches. Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation provided, there is no clear indication that the lidocaine patch is used for localized pain. In addition, there is no indication that the patient has failed first-line therapy recommendations. As such, this request is not medically necessary.