

Case Number:	CM14-0200028		
Date Assigned:	12/10/2014	Date of Injury:	01/04/2012
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
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 Internal 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 (IW) is a 52-year-old woman with a date of injury of January 4, 2014. The mechanism of injury occurred when the IW was moving a cabinet. She sustained injury to her neck, back, and legs. The injured worker's working diagnoses are multiple disc bulging in the cervical spine with bilateral cervical radiculitis; and cervical facet arthrosis. Prior treatments have included physical therapy, aquatic therapy, and acupuncture. There is a Functional Capacity Evaluation (FCE) report in the medical record dated November 7, 2014. There were no progress notes or clinical documentation from the primary treating physician in the 54 page medical record submitted for review. According to the FCE, the IW was taking Norflex, Ultram, Valium, Lidoderm patches, and Ketoprofen topical cream. It is unclear as to how long the IW has been using the Lidoderm patch due to lack of documentation. There were no detailed pain assessments or evidence of objective functional improvement associated with the use of Lidoderm patches. The current request is for Lidoderm 5% patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Lidoderm

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patch # 60 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm patches are indicated for localized pain of a neuropathic etiology after there has been evidence of a trial of first-line therapy (with tricyclic antidepressants for AEDs such as gabapentin). In this case, there is a functional capacity evaluation dated November 7, 2014. There were no clinical progress notes in the 54 page medical record. There was no documentation indicating how long the injured worker was using Lidoderm 5% patches, there was no evidence of objective functional improvement with Lidoderm patches, there was no documentation of failed first-line therapy with tricyclic antidepressants or AEDs. Consequently, absent the appropriate clinical indication, clinical rationale and evidence of objective functional improvement, Lidoderm 5% patch #60 is not medically necessary.