

Case Number:	CM14-0203244		
Date Assigned:	12/15/2014	Date of Injury:	10/22/2013
Decision Date:	02/05/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 33 year old female with the injury date of 10/22/13. Per physician's report 10/30/14, the patient has pain in her head, neck, shoulders, right arm, both hands and right leg at 4/10 without medications. The range of cervical motion is restricted with 30 degree's flexion, 30 degree's extension and 60 degree's lateral rotation to the left. Cervical facet loading is positive on both sides. The patient presents weakness in finger abduction and grasp on the right compared to left. The patient has had physical therapy and chiropractic treatment. The patient is currently utilizing Lidoderm patch 5%. The patient states "she experienced extreme relief and improved function with Lidoderm application." The patient remains with modified duty. The lists of diagnoses are: 1) Cervical pain 2) Cervical strain Per 09/25/14 Progress report, the patient reports unchanged pain level. The patient is applying Lidoderm 5% patch for 12 hours per day. The utilization review determination being challenged is dated on 11/14/14. Two treatment reports were provided on 09/25/14 and 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700mg/patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Lidoderm® (lidocaine patch)

Decision rationale: The patient presents with pain and weakness in multiple body parts, including her neck, lower back and both hands. The request is for Lidoderm 5% 700mg/patch #30. MTUS guidelines page 57 states, "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)." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. This patient has been utilizing Lidoderm patches since at least 09/25/14. The patient does not present with neuropathic pain that is peripheral and localized. There is no documentation to show this topical has been effective except the patient's statement that "she experienced extreme relief and improved function with Lidoderm application [in March 2014 when she paid out of her pocket because the worker's comp didn't cover Lidoderm patch.]" The request is not medically necessary.