

Case Number:	CM14-0203997		
Date Assigned:	12/16/2014	Date of Injury:	06/16/2012
Decision Date:	02/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 is a 43 year old male who suffered a work related injury involving facial laceration, face contusion and stress on 06/16/2012. Per the physician notes from 11/13/2014 he complained of increased neck pain, rated at 3/10, headache and continued ringing in the ears. He denied receiving hearing aids recommended by ENT. The treatment plan consisted of physical therapy, hearing aid, Biofreeze sample, Lidoderm patches, continue using TENS unit, and follow-up in 2 months. The requested treatment is Lidoderm patches. This treatment was denied by the Claims Administrator on 11/24/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% 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. Indications for Lidoderm are localized pain consistent with a neuropathic etiology after evidence of first-line therapy (antidepressants and AEDs). The Official Disability Guidelines enumerate the criteria for the use of Lidoderm patches. They include, but are not limited to, recommendation for trial if there is evidence of localized pain of a neuropathic etiology; a trial of patch treatment is recommended for short-term (no more than four weeks); it is generally recommended that no other medication changes be made during the trial period; etc. In this case, the injured worker's working diagnoses are tinnitus ear, unspecified; cervicalgia/neck pain; depression, major, not specified; and cervical sprain/strain neck. A progress note dated September 18, 2014 indicates the injured worker was on Mentoderm (a topical analgesic). The injured worker stated it was helpful. A subsequent progress note dated November 13 2014 indicates the treating physician discontinued Mentoderm and prescribed Lidoderm. There is no clinical rationale or clinical indication for the change from Mentoderm to Lidoderm. The documentation did not contain evidence of the "trial period" and there was no evidence of neuropathic pain documented in the medical record. Consequently, absent the appropriate clinical documentation, clinical indication and rationale, Lidoderm patch 5% is not medically necessary.