MAXIMUS Federal Services

Case Number:	CM14-0205870		
Date Assigned:	01/14/2015	Date of Injury:	10/25/2002
Decision Date:	02/28/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female with an injury date of 10/25/02. Based on the 10/27/14 progress report, the patient complains of neck and upper extremity pain. The patient has decreased sensation to light touch in the right upper extremity. The reflexes are 3+ in the upper extremities. The upper extremity weakness is noted on the right 4/5 in all myotomes tested. There is pain to palpation along the cervical spine bilaterally around the facet joint at the C3-C6. There is moderate hypertonic paraspinal musculature in the right upper trapezius region. The patient has approximately 100 degree of forward flexion of the upper extremity and 90 degree of abduction. There is mild swelling appreciated in the right hand and forearm. The patient has hyperesthesia in the right upper extremity. The diagnosis is right upper extremity CRPS type II. The current medications are Actonel, Bispirone, Copaxone, Dicyclomine HCL, furosemide, Maxalt, Potassium CHL, Progesterone, Sucralfate, Trazodone HCL, Zofran, Levothyroxine sodium, Baclofen, Buspirone, Levothyroxine, Lexapro, Meclizine, Miralax, Ibuprofen, Flexeril, Acidophilus, B12 injection, Calcium, Dicyclomine HCL, Donnatal, Fish oil, Lunesta, Prometrium, Trazodone HCL, Vitamin B complex, Vitamin C, Vitamin D3, Women's multivitamin plus, Lidoderm, Neurontin, Nucynta 75, Nucynta ER, Probiotic acidophilus, and Solumederal. The patient reports using TENS unit with good affect. The treater states that the patient is currently having adequate pain coverage on current medication regimen. The patient reports pain level at 10/10 without the pain medications and at 5-7/10 with medications. The patient underwent a stellate ganglion block on 04/18/13 and 08/11/14, and reports less pain and weakness in the right upper extremity. The patient underwent caudal epidural steroid injection

and lumbar epidurogram dated 09/22/14. The treating physician is requesting for Lidoderm 5% patches on 10/27/14. The utilization review determination being challenged is dated 11/15/14. The requesting physician provided treatment reports from 04/01/14-01/21/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, lidoderm patches Page(s): 111, 113, 56, 57.

Decision rationale: This patient presents with neck and upper extremity pain. The request is for Lidoderm 5% patches. 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." ODG guidelines for pain (chronic), 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 documenting pain and function.Review of the reports shows that the patient has been utilizing Lidoderm patches and recently stopped on 10/27/14 due to lack of authorization. The treater notes that the patient has adequate pain coverage and functional improvements with the use of Neurontin and Nucynta. There is no documentation of positive response or improvement regarding Lidoderm patch. More importantly, the patient does not present with peripheral, localized neuropathic pain for which Lidoderm patches are indicated. The request IS NOT medically necessary.