

Case Number:	CM14-0217358		
Date Assigned:	01/07/2015	Date of Injury:	03/10/2001
Decision Date:	04/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 65-year-old male who reported injury on 03/10/2001. The mechanism of injury was the injured worker was lifting and moving a manhole cover. Prior treatments included medications, abdominal binder, weight loss and multiple modalities. The injured worker was noted to be maintained on lidocaine 5% patches and tramadol. Lidocaine patches and tramadol were in use since at least 06/18/2014. The documentation of 11/20/2014 revealed the injured worker had a chief complaint of abdominal pain. The documentation indicated the tramadol and lidocaine patches and topical compounds helped with pain. The objective findings revealed the injured worker had epigastric area hernia and mild tenderness with no rebound. The diagnoses included status post chest wall contusion with residual pain and abdominal hernia. The documentation indicated the injured worker had utilized lidocaine 5% and the treatment plan included the injured worker could apply 3 patches over the painful area, 12 hours on and 12 hours off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patch-Can apply up to 3 patches 12 hrs on and 12 hrs off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit and an objective decrease in pain with the use of the medication. The request as submitted failed to indicate the body part to be treated. Given the above, the request for lidocaine 5% patch, can apply up to 3 patches, 12 hours on and 12 hours off, is not medically necessary.