

Case Number:	CM14-0058821		
Date Assigned:	07/09/2014	Date of Injury:	03/07/2012
Decision Date:	01/20/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 40-year-old female with a 3/7/12 date of injury. At the time (4/1/14) of the Decision for Lidoderm patches 5% #30, apply 12 hours on and 12 hours off to the affected areas, there is documentation of subjective (pain in her right shoulder, arm, wrist, and hand) and objective (none specified) findings, current diagnoses (chronic shoulder pain, adhesive capsulitis, right lateral epicondylitis, and right wrist pain), and treatment to date (medication including Gabapentin). There is no documentation of neuropathic pain and that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30, apply 12 hours on and 12 hours off to the affected areas:

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 Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of chronic shoulder pain, adhesive capsulitis, right lateral epicondylitis, and right wrist pain. However, there is no documentation of neuropathic pain. In addition, despite documentation of treatment with Gabapentin, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches 5% #30, apply 12 hours on and 12 hours off to the affected areas is not medically necessary.