

Case Number:	CM15-0006189		
Date Assigned:	01/20/2015	Date of Injury:	08/20/2009
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 08/20/2009 has reported neck pain and stiffness, right shoulder, wrist and hand pain, low back pain and stiffness. The diagnoses have included cervical spine sprain/strain with rotator cuff tear and persistent clinical signs of carpal tunnel syndrome in both wrists. Treatment to date has included physical therapy sessions, chiropractic care, ultrasound, infrared, range of motion, TENS (Transcutaneous electrical nerve stimulator) unit use, range of motion exercises, and paraffin baths. Currently, the IW complains of pain in the right shoulder, wrist, and neck. A scaphalunate ligament repair surgery on the right wrist was recommended 05/29/2013, but failed to be approved. The IW is not taking oral medications. Therapy includes home exercises, lidocaine patches, an interferential stimulator, and use of a hand brace worn two hours daily. Examination revealed tenderness to palpation in the cervical and in the lumbosacral spine and tenderness over the acromioclavicular joint and rotator cuff muscles. Hawkin's test and Neer's tests were positive and range of motion was decreased. There was tenderness to palpation on the right wrist with full range of motion, a positive Phalen's test, and positive Tinel's sign. The treatment plan was for conservative treatment including Lidocaine patch 5% to be used as directed #1 box. A referral with an orthopedic surgeon for evaluation of the right shoulder and right wrist was made. On 12/08/2014 Utilization Review non-certified a request for Lidocaine patches 5%, quantity 1, noting that after review of the submitted records as well as the appropriate guideline is not warranted at this time because there has been no trial of first-line therapy such as tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SRNI) antidepressants . MTUS, Chronic Pain

Guidelines, were cited. On 01/12/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5%, quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patches Page(s): 56-57. Decision based on Non-MTUS Citation Pain; topical analgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines state “Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics”. ODG further details, "Criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day).(f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued."Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for Lidoderm 5% patches is not medically necessary.