

Case Number:	CM15-0189470		
Date Assigned:	10/01/2015	Date of Injury:	03/15/2012
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old female, who sustained an industrial injury on 3-15-12. Medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, cervical spinal stenosis, cervical degenerative disc disease, fibromyalgia-myofascial pain and depressive disorder not elsewhere classified. The injured workers current work status was not identified. On (8-14-15) the injured worker complained of intermittent bilateral neck pain with tingling in the left upper extremity. The injured worker also noted intermittent bilateral wrist pain and swelling. Associated symptoms include tingling in the fingers of both hands. Objective findings revealed tenderness to palpation over the paraspinal muscles overlying the facet joints on both sides and 1+ spasm over the upper trapezius muscles on both sides. Range of motion was normal. Sensation was diminished to light touch in the cervical eight dermatomal distribution on both sides. Treatment and evaluation to date has included medications, MRI of the cervical spine, cervical epidural steroid injections and physical therapy. Current medications include Cevimeline, glycopyrrolate, levothyroxine, Lorazepam, Nystatin-triamcinolone, pilocarpine, Prempro, tretinoin topical cream and Lidocaine 5 % patches. The request for authorization dated 8-19-15 includes a request for Lidoderm 5% adhesive patches (700 mg- patches) # 30 with 2 refills. The Utilization Review documentation dated 8-28-15 non-certified the request for Lidoderm 5% adhesive patches (700 mg-patches) # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% (700mg/patch) #30 patches with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request is not medically necessary.