

Case Number:	CM15-0208442		
Date Assigned:	10/27/2015	Date of Injury:	04/06/2002
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 74 year old female, who sustained an industrial injury on April 6, 2002. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic medication management, osteoarthritis to the bilateral shoulders and post-traumatic osteoarthritis. On September 14, 2015, the injured worker complained of pain in the bilateral shoulders that is aggravated with any kind of repetitive upper extremity activity. Her overall pain continued to be of moderate intensity with a rating of 6 on a 1-10 pain scale. Notes stated that she had been stable on her current medication regimen, which included Fentanyl patch and Percocet. Her current level of activity was noted to be overall 50% improved with medications. A urine drug screen was obtained on the day of the exam. The treatment plan included Fentanyl patch, Percocet, Lidoderm patch and a follow-up visit. On September 25, 2015, utilization review denied a request for Lidoderm Dis 5% #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Dis 5% #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. The FDA has designated Lidocaine patches for orphan status; however, they are still indicated for localized peripheral neuropathic pain in post-herpetic neuralgia. Guidelines require documentation of the trial and failure of first-line agents (antidepressants, anti-convulsants) for neuropathic pain before use of Lidoderm patches. In this case, there is no documentation of trial and failure of first-line agents. Therefore, the request is not medically necessary.