

Case Number:	CM15-0023241		
Date Assigned:	02/12/2015	Date of Injury:	02/06/2007
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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: Utah, Arkansas
 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 59 year old female, who sustained an industrial injury on 02/06/2007. She has reported subsequent neck pain, knee pain and headaches and was diagnosed with complex regional pain syndrome, bilateral carpal tunnel syndrome, status post carpal tunnel release, status post right knee arthroscopy and status post cervical spine fusion. Treatment to date has included oral pain medication and a home exercise program. In a progress note dated 01/20/2015, the injured worker complained of continued neck and upper back pain and bilateral knee pain. Objective physical examination findings were notable for midline cervical spinal tenderness, decreased cervical range of motion, tenderness of the wrists and hands with reduced range of motion of the wrists. A request for authorization of Lidoderm patch for neuropathic pain was made. On 01/30/2015, Utilization Review non-certified a request for Lidoderm patch, noting that guidelines do not support the use of Lidoderm in a topical formulation. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Lidocaine Patches. Chronic Pain Medical Treatment Guidelines. Pages. 111.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lidoderm Patches. MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica) Topical lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; First line medications such as those suggested above were not used prior to the Lidocaine patches. Therefore, Lidocaine patches are not indicated as a medical necessity to the patient at this time.