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| Case Number: | CM15-0025220 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 02/07/2001 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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: Arizona, California
 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 44 year old female, who sustained an industrial injury on 02/07/2001. She has reported bilateral upper extremity pain. The diagnoses have included chronic bilateral upper extremity pain; and reflex sympathetic dystrophy. Treatment to date has included medications and acupuncture sessions. Medications have included Norco, Opana, Zofran, Lidoderm patch, Seroquel, Senna, and Miralax. Currently, the injured worker complains of constant bilateral upper extremity pain; pain is rated at 8-10/10 on the visual analog scale; pain radiates to bilateral shoulder; and pain medications are keeping the pain at a stable level. A progress report from the treating physician, dated 12/30/2014, included objective findings consisting of tenderness of the lumbar spine region; complex regional pain syndrome of the upper extremities; and left knee tenderness. The treatment plan included request for remaining nine acupuncture sessions; and request for prescription medications. On 01/07/2015 Utilization Review non certified a prescription for Lidoderm Patch 3 patch daily #90 (2 refills). The CA MTUS Guidelines were cited. On 02/04/2015, the injured worker submitted an application for a prescription for Lidoderm Patch 3 patch daily #90 (2 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 3 patch daily #90 (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 56-57, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been using it for several months. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.