MAXIMUS Federal Services

Case Number:	CM15-0029727		
Date Assigned:	02/23/2015	Date of Injury:	12/23/2009
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury on December 23, 2009. There was no mechanism of injury or operative procedures documented. The injured worker was diagnosed with Reflex Sympathetic Dystrophy Syndrome (RSD) and discogenic cervical syndrome. The injured worker was also diagnosed with medication induced pancreatitis. According to the physician's progress report on January 14, 2014 the injured worker continues to experience neck pain and cutting pain in the shoulders and hands. Temperature changes in the hands with right hand grip weakness and left hand mottling were also documented. Current medications consist of Trazadone, Ultram, Oxycodone, OxyContin, Dexilant, Soma and topical creams. Current treatment modalities consist of physical therapy, home traction, stellate block on October 22, 2014 and medication. The injured worker is not working at present. The treating physician requested authorization for Lidoderm patches Qty: 1. On January 29, 2015 the Utilization Review denied certification for Lidoderm patches Qty: 1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with headache, right arm pain and numbness, bilateral shoulder pain and bilateral burning finger pain with spontaneous temperature change in the fingers. The request is for lidoderm patches. Physical examination on 01/14/15 to the cervical spine revealed tenderness to palpation on the neck and upper shoulders bilaterally. Range of motion was limited with pain. Physical examination to the left hand revealed the index and middle fingers were purple and mottled, compared to the right hand. Patient has had 1 cervical ESI with benefits. MRI findings on 06/04/13 showed C5-6 2 mm disc, C5-6 left foraminal narrowing, C6-7 posterior osteophyte and 1 mm disc bulge. Patient's diagnosis per 01/14/15 progress report include discogenic syndrome cervical, muscle spasm, reflex symptomatic dystrophy, pancreatitis, and gastritis. Per 01/14/15 progress report, patient's medication includes Percocet, Ultram, Tradazone, Oxycodone, Oxycontin, Dexilant, and Soma. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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."MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, only one progress report was provided. The request is for Lidoderm Patches. Treater has not provided a reason for the request and it is not known whether the patient has utilizes Lidoderm Patches before as it was not included in patient's medications. Per ODG guidelines, lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, there is no indication of peripheral neuropathic pain for which the patch is indicated. The request does not meet guideline requirements and therefore, it IS NOT medically necessary.