MAXIMUS Federal Services

Case Number:	CM15-0224591		
Date Assigned:	11/23/2015	Date of Injury:	01/28/2010
Decision Date:	12/31/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/16/2015

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 41 year old female who sustained an industrial injury on 1-28-10. A review of the medical records indicates she is undergoing treatment for status post fall with dislocated mandible resulting in chronic pain, chronic neck pain and headaches, myofascial pain syndrome, right shoulder rotator cuff impingement arthroscopic subacromial decompression and AC joint resection 8-3-10, chronic low back pain and radiculopathy, and implant of Medtronic spinal cord stimulator 4-5-12 with revision of painful generator pocket on 7-18-13. Medical records (6-26-15, 10-1-15) indicate chronic pain in the facial area, right arm, right lower extremity, and right shoulder, as well as migraine headaches. She rates her pain "6-7 out of 10" (6-26-15). The physical exam (10-1-15) reveals that the injured worker "appears rather sleepy" and has "some difficulty" arising from a seated position. Her gait is noted to be "stable". The provider indicates that on her last visit in June, she was trialed on Cymbalta and had "definite improvement" in comparison to Gabapentin. However, after one month, the injured worker re- started her Gabapentin, as she was having increased pain. She reports her pain on 10-1-15 as "9+ out of 10" and without Gabapentin "10 out of 10". The injured worker requested to restart "Cymbalta". She was provided with Lidoderm patches on the 6-26-15 visit and is noted to have "40-50%" relief (10-1-15). The 10-1-15 record indicates that she is to "go back to work on 10- 12-15". The treatment plan indicates that Cymbalta provided "better relief of her overall pain that the Gabapentin". Treatment recommendations include restarting Cymbalta, continuation of Gabapentin taper, and Lidocaine patches. She was administered a Toradol injection on 10-1-15. The utilization review (11-4-15) includes a request for authorization of Lidocaine patches 4% #10, 3 boxes. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 4% #10 3 boxes: 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 current request is for LIDOCAINE PATCHES 4% #10 3 BOXES. Treatment history includes right shoulder arthroscopic subacromial decompression and AC joint resection on 08/03/10, spinal cord stimulator, medications, and physical therapy. The patient is working. MTUS Guidelines, Lidoderm (lidocaine patch) section, page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (lidocaine patch) Section states, "Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is a consistent with a neuropathic etiology, (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day), (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks), (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. Per report 10/01/15, the patient presents with "chronic pain, multiple areas including facial, right arm, right lower extremity." She was provided with Lidoderm patches on the 06/26/15 visit. The patient states that she has 40-50% pain relief with the use of Lidoderm patches. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. Additionally, ODG guidelines specify Lidoderm Patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." The treater has not specified where the patches are to be applied. This patient presents with a history of right shoulder surgery, and reports arm, neck and lower back pain. The treater does not discuss "localized pain that is consistent with neuropathic etiology." Therefore, the request IS NOT medically necessary.