

Case Number:	CM15-0031706		
Date Assigned:	02/25/2015	Date of Injury:	08/14/2004
Decision Date:	04/07/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/19/2015

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: New Jersey

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 70 year old female, who sustained an industrial injury on August 14, 2004. The diagnoses have included cervical and thoracic radiculopathy. Treatment to date has included medication, injections, home exercise program and ice/heat therapy. Currently, the injured worker complains of increased and significant myofascial pain and symptoms related to the thoracic and cervical spine. She reports occipital headache and ongoing burning pain in the bilateral feet from severe neuropathy in the lower extremities. She reports that ice therapy is providing mild relief of the pain in her feet and lumbar injections provides minimal relief. Her Lidoderm patch provides significant relief and she uses the patch every night. She reports alleviation of spasms and assisting with pain between flare-ups with use of the Lidoderm patch. On examination, the injured worker has tenderness to palpation and spasm of the cervical and thoracic paraspinal muscles and the trapezius. She has right sacral tenderness and spasm and tenderness over the lumbar spine. On February 16, 2015, Utilization Review non-certified a request for Lidoderm 5% patch #60 and one refill, noting that there is no documentation of localized peripheral pain after there has been evidence of a trial of first-line therapy. The California Medical Treatment Utilization Schedule was cited. On February 19, 2015, the injured worker submitted an application for IMR for review of Lidoderm 5% patch #60 and one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent Patch #60 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although there was some evidence to suggest she had nerve pain (radiculopathy) based on physical findings, there was no evidence of having tried and failed first-line therapies for neuropathy to justify the use of lidocaine. Therefore the Lidoderm patches will be considered not medically necessary at this time and based on the documents available for review.