MAXIMUS Federal Services

Case Number:	CM15-0063148		
Date Assigned:	04/09/2015	Date of Injury:	07/14/1998
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 66 year old female, who sustained an industrial injury on 7/14/98. She reported initial complaints of upper and lower back. The injured worker was diagnosed as having bilateral wrist pain, chronic low back pain; chronic left knee pain; chronic right shoulder pain. Treatment to date has included status post radiofrequency ablation bilateral L3, L4 and L5 (4/2008); acupuncture; TENS unit; medication. Currently, the PR-2 notes dated 1/22/15 the injured worker was last seen on 7/17/14 and continues to do well with her pain medications regimen when able to get the Lidoderm patches. Lidoderm patches decrease pain from 10 to 5/10 and uses them for pain in right knee, shoulder and low back. She also complains of increased bilateral wrist pain and difficulty sleeping and will try the suggested amitriptyline. The documentation indicates she uses a TENS unit but the pad do not stick very long. The treatment plan includes Elavil for night and the provider is requesting retrospective Lidoderm patches #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidoderm patches #60 with 3 refills (RX1/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: Retrospective Lidoderm patches #60 with 3 refills (RX1/22/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of all first line therapy for peripheral pain. The documentation states that the patient tried and failed Elavil but the March 2015 indicates she has not attempted Gabapentin. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patches are not medically necessary.