

Case Number:	CM14-0112869		
Date Assigned:	08/01/2014	Date of Injury:	08/15/2008
Decision Date:	09/26/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38 year old female who reported injury on 08/15/2008. The mechanism of injury was not provided. Diagnoses included complex regional pain syndrome II or reflex sympathetic dystrophy of the upper limb, and cervical intervertebral disc disorder with myelopathy. The past treatments, diagnostics, and surgical history were not provided. There were no clinical notes with subjective or objective findings documented. Medications included Lidoderm patch 5% one patch daily and Lyrica 50mg one tablet at bedtime. The treatment plan and rationale were not provided. The Request for Authorization form was dated 07/03/2014, and not signed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30 patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The California MTUS guidelines note, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line

therapy including tri-cyclic or SNRI anti-depressants or an antiepilepsy drug 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. Lidoderm is also used off-label for diabetic neuropathy. The guidelines note the use of Lidoderm for non-neuropathic pain is not recommended. There is no subjective or objective documentation of pain provided. There is a lack of documentation of efficacy of first-line therapy. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which the patch is to be applied in order to determine the necessity of the medication. As such, the request is not medically necessary.