

Case Number:	CM14-0114743		
Date Assigned:	09/05/2014	Date of Injury:	04/09/2003
Decision Date:	10/07/2014	UR Denial Date:	07/11/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 61 year old female who was injured on 04/09/2003. The mechanism of injury is unknown. Prior medication history included Vicodin 7.5 mg and Lidoderm patches. The patient underwent anterior cervical discectomy and fusion from C5-C7. Diagnostic studies reviewed include CT scan of the cervical spine dated 03/10/2014 revealed C6-7 disc space was not fused. MRI of the cervical spine revealed moderate bilateral foraminal narrowing at C5/C6 and moderate narrowing of the left neural foramen at C7/T1. Ortho note dated 03/31/2014 documented the patient to have complaints of cervical spine pain. She reported continued pain and numbness in the right upper extremity and right hand. The patient has diagnoses of internal derangement of the right ankle, right knee osteoarthritis, carpal tunnel syndrome, arthrofibrosis, and rheumatoid arthritis of multiple joints. There are no other progress notes available and those that are, are illegible. Prior utilization review dated 07/11/2014 states the request for Lidoderm Patches 5%, 3 month supply X90 is not certified as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, 3 month supply X90: 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)& Topical Analgesics, Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics Other Medical Treatment Guideline or Medical Evidence: Lidoderm package insert

Decision rationale: Lidoderm is a topical lidocaine patch approved by the FDA for the management of pain associated with post-herpetic neuralgia (PHN). The agent works by blocking sodium channels in the skin, thereby reducing the neuropathic pain signals generated in PHN. It has been used "off label" for other forms of neuropathic pain. The documentation in this case fails to indicate the presence of a neuropathic pain state, and does not specify where these patches are to be applied. The ODG recommends that Lidoderm not be used as a first line therapy (as it appears to be in this case) and only for short term usage. Based on the CA MTUS, ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.