MAXIMUS Federal Services

Case Number:	CM14-0134527		
Date Assigned:	08/27/2014	Date of Injury:	01/18/2013
Decision Date:	09/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 Medicine and is licensed to practice in Ohio. 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 at the date of injury of January tainter 2013. Evidently she was lifting heavy garbage bags and felt a pull to the right shoulder which subsequently spread to the neck and back regions. Her diagnoses include lumbar disc disease, right shoulder tendinopathy, depression, somatoform disorder. The physical exam has revealed evidence of depression, tender cervical and lumbar musculature, and decreased sensation in the left lower extremity she has been treated with epidural steroid injections in the lumbar spine, topical anti-inflammatory patches, oral opioid medication, antidepressants, and topical lidocaine patches. The topical lidocaine patches appear relatively recently in the chart with the first mention being July 8, 2014. The note from July 18 of 2014 relates that the overall pain level is 5/10 with most of the pain relief coming from the tens unit. Previous notation states that he topical anti-inflammatory patches were minimally effective. There are no records available to suggest where the Lidoderm patch has been applied and whether or not there was pain relief as result of the Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>, <Lidoderm Patch Section>.

Decision rationale: Lidoderm is the brand name for a lidocaine patch which is a topical anesthetic. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as an antidepressant or anti-epilepsy drug. It is FDA approved only for postherpetic neuralgia. Per the Official Disability Guidelines, lidocaine patches may be used in the following circumstances:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(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). (g) It is generally recommended that no other medication changes be made during the trial period.(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.(i)Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.In this instance, the injured worker's pain with regard to the neck and upper extremity was not felt to have a neuropathic component by the qualified medical examiner. Therefore, Lidoderm 5% patches are not medically necessary.