

Case Number:	CM14-0140054		
Date Assigned:	09/08/2014	Date of Injury:	06/21/2000
Decision Date:	10/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 72-year-old female with a 6/21/00 date of injury and status post bilateral feet surgery 1998 and status post closed reduction of right radius fracture 09. At the time (8/1/14) of request for authorization for Lidoderm (Lidocaine Patch 5%) x 30, there is documentation of subjective (neck pain, low back pain, and leg pain bilaterally) and objective (moderate distress, restricted neck range of motion, flattening of normal lumbar lordosis, restricted and painful lumbar range of motion) findings, current diagnoses (chronic pain syndrome, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, depressive disorder, NOS, unspecified myalgia and myositis, and sacroilitis), and treatment to date (radiofrequency ablation, epidural steroid injections, facet joints, and medications (including Lyrica, and antidepressants, and ongoing use of Lidoderm patch since at least 10/13). There is no documentation of objective findings consistent with neuropathic pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, depressive disorder, NOS, unspecified myalgia and myositis, and sacroilitis. In addition, there is documentation of trial of first-line therapy (tri- anti-depressants and Lyrica). However, despite documentation of bilateral leg pain, there is no documentation of objective findings consistent with neuropathic pain. In addition, given medical records reflecting ongoing use to Lidoderm patch since at least 10/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm (Lidocaine Patch 5%) x 30 is not medically necessary.