

Case Number:	CM14-0161629		
Date Assigned:	10/07/2014	Date of Injury:	01/12/2010
Decision Date:	10/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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 & 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 injured worker is a 66-year-old female who reported an injury on 06/22/2006, due to cumulative trauma. On 07/17/2014, the injured worker presented with neck pain, low back pain and chronic pain syndrome. Upon examination the injured worker had a depressed mood. The physical exam findings were unremarkable. The diagnoses were neck pain, disorder of the bursa of the shoulder region and lateral epicondylitis. A current medication list was not provided. The provider recommended Lidoderm 5% 700 mg patch. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 percent 700mg/patch 1 patch 12hrs on 12 hrs off #30 patches, refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request for Lidoderm 5% 700 mg patch 1 patch 12 hours on 12 hours off with a quantity of 30 patches and 5 refills is not medically necessary. The California MTUS state that topical lidocaine may be recommended for localized peripheral pain after there has

been evidence of a first line therapy. It is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is lack of documentation that the injured worker has a diagnosis congruent with guideline recommendations for Lidoderm. Additionally, the efficacy of the prior use of the medication was not provided. There is lack of documentation of the injured worker's failure to respond to first line treatment such as an AED or an SNRI antidepressant or tricyclic. As such, medical necessity has not been established.