

Case Number:	CM14-0026759		
Date Assigned:	06/13/2014	Date of Injury:	10/21/2011
Decision Date:	09/24/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 injured worker is a 49 year old male who was injured on October 12, 2011 while working as a truck driver. The mechanism of injury is described as a motor vehicle accident due to loss of consciousness. The diagnoses listed as chronic pain. The most recent progress note dated 1/27/14, reveals complaints of whole body pain excluding left arm with pain level rated 7 out of 10 per visual analog scale (VAS) at rest and a 10 out of 10 with activity. Physical examination reveals cervical range of motion is very limited in all directions flexion 10 degrees, extension 10 degrees, right and left side bending 10 degrees, right and left rotation 20 degrees, tender and tight muscles present across the back into the right trapezius with numbing into the middle finger of the right hand. Reflexes are symmetric and diminished at the elbow and wrist. Prior treatment includes electrocardiogram, echocardiogram, stress cardiogram, and screening Spirometry, medications, cervical interlaminar epidural steroid injection with fluoroscopy. A prior utilization review determination dated 2/10/14 resulted in denial of Lidoderm patches 5 percent quantity thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

Decision rationale: According to the California MTUS guidelines, Topical Analgesics Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Lidoderm is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is no documentation of any neuropathic pain unresponsive to first line therapy. Any other applications are considered experimental and not approved. In the absence of documented obvious improvement on the requested medication, Lidoderm Patches 5% #30 are not medically necessary.