

Case Number:	CM14-0217908		
Date Assigned:	01/07/2015	Date of Injury:	03/01/2005
Decision Date:	03/04/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 58 year old female with a date of injury as 03/01/2005. The cause of the injury was related to repetitive computer work. The current diagnoses include carpal tunnel syndrome, shoulder strain, and Cervical strain. Previous treatments include oral and topical medications, physical therapy, and home exercise program. Primary treating physician's reports dated 12/06/2013 through 12/10/2014, agreed medical examination dated 11/14/2014, impairment rating dated 11/12/2013, and physical therapy notes dated 11/12/2014 through 01/30/2015 were included in the documentation submitted for review. Report dated 12/10/2014 noted that the injured worker presented with complaints that included shoulder and neck pain with radiating pain to the left hand. Physical examination revealed limited range of motion in the left shoulder, tenderness in the scapular region, and neck is painful with rotation. Treatment plan included Norco, Lidoderm patches, and physical therapy. Documentation submitted indicates that the injured worker has been prescribed Lidoderm patches since 12/06/2013. The injured worker is retired. The utilization review performed on 12/18/2014 non-certified a prescription for Lidoderm patches based on no documentation to support an FDA accepted indication. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Pain: Lidoderm 1/2 (lidocaine patch)

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: 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 patches planned. (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 case there is no documentation that the patient has failed therapy with first line therapy such as antidepressant or an anti-epileptic. In addition there is no documented measurement of continued outcomes. Criteria for using Lidoderm patches have not been met. The request is not medically necessary and appropriate.