MAXIMUS Federal Services

Case Number:	CM14-0218754		
Date Assigned:	01/08/2015	Date of Injury:	07/29/2011
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 07/29/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of sprain of the neck and back contusion. Past medical treatment consists of medication therapy. Medications include Norco, trazodone, Relafen, Zanaflex, and Lidoderm patches. No diagnostics were submitted for review. On 11/20/2014, the injured worker complained of increased pain with cold. There were no objective findings submitted in the report. The medical treatment plan is for the injured worker to continue with medication therapy. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% day supply quantity 30; 30 refills 5, Rx date 12/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine.

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

Decision rationale: The request for lidocaine pad is not medically necessary. The California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include tricyclic SNRI or anticonvulsant, such as gabapentin or Lyrica. This is not a first line treatment and is only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, gels, or lotions) are indicated for neuropathic pain. The submitted documentation does not indicate that the injured worker had a diagnosis congruent with the above guidelines. Additionally, the efficacy of the medication was not submitted for review, nor were there any assessments indicating what the pain level was before, during, and after application of the patch. Furthermore, there was no evidence indicating that the injured worker had undergone a trial of antidepressant or an AED. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.