

Case Number:	CM15-0013596		
Date Assigned:	02/02/2015	Date of Injury:	11/08/2004
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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

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:

This 52 year old woman sustained an industrial injury on 11/8/2004. The mechanism of injury is not detailed. Current diagnoses include lumbar disc disorder, lumbar facet syndrome, lumbar radiculopathy, shoulder pain, carpal tunnel syndrome, pain in lower leg joint, knee pain, cervical pain, cervical radiculopathy, and low back pain. Treatment has included oral medications. Physician notes date 12/18/2014 show pain ratings of 8/10 without medications and 6/10 with medications. There is pain in the right knee, bilateral shoulders with the right shoulder worse, and low back. Quality of sleep is reported to be poor. Recommendations include a trial of Lidoderm patches for right shoulder and back pain relief. On 1/12/2015, Utilization Review evaluated a prescription for Lidoderm 5% patch #30, that was submitted on 1/15/2015. The UR physician noted there is no documentation of intolerance of oral medications. MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches

Decision rationale: The patient presents with right knee, bilateral shoulders with the right shoulder worse, and low back pain rated 08/10 without and 06/10 with medications. The request is for LIDODERM 5% PATCH #30. The RFA provided is dated 01/06/15. Patient's diagnosis included lumbar disc disorder, lumbar facet syndrome, lumbar radiculopathy, shoulder pain, carpal tunnel syndrome, pain in lower leg joint, knee pain, cervical pain, cervical radiculopathy, and low back pain. Patient's medications included Motrin, Trazodone, Voltaran, MS Contin, Norco, Soma, and Neurontin. Patient is permanent and stationary. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidoderm patch was first noted in progress report dated 12/18/14. It appears that this patient is starting use of Lidoderm patch with this prescription. Prior reports do not show that Lidoderm patch is prescribed. Treater is requesting this medication to be used for the right shoulder and back for pain relief. Although it is acknowledged that the patient presents with pain consistent with a neuropathic etiology and that oral pain medications are insufficient in alleviating the pain symptoms, the patient does not present with localized peripheral neuropathic pain which is a criteria required for Lidoderm patch use. Shoulder is not a peripheral joint and these patches are not indicated for low back pain or axial chronic pain. The request IS NOT medically necessary.