MAXIMUS Federal Services

Case Number:	CM15-0013971		
Date Assigned:	02/02/2015	Date of Injury:	04/01/2007
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
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: 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 64 year old male, who sustained an industrial injury on 4/1/07. He has reported pain of multiple joints. The diagnoses have included fibromyalgia, sleep disorder/disturbance, lateral epicondylitis of elbow and fibromyalgia syndrome. Treatment to date has included acupuncture and oral and topical medications. Currently, the injured worker complains of pain in multiple joints including hips, knees, shoulders, elbows and neck.
The progress noted dated 11/4/14 stated the pain was partially relieved by Percocet, Lidoderm and TENS unit. Bilateral epicondylar tenderness is noted on exam and the injured worker is wearing a lumbar corset and compression sleeves on both legs.On 12/23/14 Utilization Review non-certified Lidoderm Dis 5% #30, noting it is not recommended for chronic neuropathic pain disorders. The MTUS, ACOEM Guidelines, was cited.On 1/16/15, the injured worker submitted an application for IMR for review of Lidoderm Dis 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

NON-CERTIFY the Request for Lidoderm Dis 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

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

Decision rationale: The requested Lidoderm Dis 5% #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia.The injured worker has pain in multiple joints including hips, knees, shoulders, elbows and neck. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent.The criteria noted above not having been met, Lidoderm Dis 5% #30 is not medically necessary.