

Case Number:	CM15-0017411		
Date Assigned:	02/05/2015	Date of Injury:	03/18/1999
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 3/18/1999. On 1/29/15, the injured worker submitted an application for IMR for review of Lidoderm (Lidocaine patch 5%) x 30 with 2 refills. The treating provider has reported the injured worker complained of pain and there for routine visit and medication. The diagnoses have included bilateral shoulder pain, cervical spondylosis, and bilateral elbow pain. Treatment to date has included physical therapy, right shoulder surgery open for removal of a bone spur (9/3/13), urine toxicology screening and medications. Diagnostics include x-rays of bilateral shoulders and right elbow (10/13/10), a MRI cervical (10/20/10) and MRI/MRA right shoulder (10/20/10). On 1/22/15 Utilization Review non-certified Lidoderm (Lidocaine patch 5%) x 30 with 2 refills. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine patch 5%) x 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57, 68, 73. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition (web), 2015, Pain-Zolpidem (Ambien)

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

Decision rationale: This patient presents with bilateral shoulder pain, neck pain, and bilateral elbow pain. The treater has asked for LIDODERM, LIDOCAINE PATCH 5%, X 30 WITH 2 REFILLS on 10/6/14 "for topical analgesia." Patient has been using Lidoderm since 5/15/14 report. 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. The patient is currently not working. In this case, the patient presents with neck, shoulder, and bilateral elbow pains. There is no documentation of peripheral, localized neuropathic pain for which topical lidocaines are indicated. Furthermore, the patient has been taking lidoderm patches for more than 4 months without documentation of effectiveness in relation to pain and function, as required by MTUS pg. 60. Review of the reports dated 5/15/14 to 10/6/14 only indicates that the lidoderm patches are used for "topical analgesia." The request for Lidoderm patches IS NOT medically necessary.