MAXIMUS Federal Services

Case Number:	CM15-0114516		
Date Assigned:	06/22/2015	Date of Injury:	01/04/2013
Decision Date:	07/22/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 1/4/13. The injured worker was diagnosed as having chronic regional pain syndrome of the left upper extremity, lumbar sprain/strain, and migration chronic regional pain syndrome to the lower extremities. Treatment to date has included Botox, a sympathetic nerve block, physical therapy, a home exercise program, and medication including Elavil, Norco, and Celebrex. Currently, the injured worker complains of migraine headaches, pain in the left upper extremity, and back pain with numbness and tingling to the lower extremities. The treating physician requested authorization for Lidoderm patches 5% #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) p 56-57 (2) Topical Analgesics, p 111-113.

Decision rationale: The claimant sustained a work injury in January 2013 and continues to be treated for chronic pain and a diagnosis of CRPS. When seen, there was guarding of the left arm and hand. There were generalized skin changes. There was upper extremity hypersensitivity.In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm 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. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.