

Case Number:	CM15-0172378		
Date Assigned:	09/14/2015	Date of Injury:	01/31/2014
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 1-31-14. He reported pain in the cervical spine and left shoulder. The injured worker was diagnosed as having pain in joint of the shoulder, carpal tunnel syndrome, pain in joint of the lower leg, and cervical spondylosis without myelopathy. Treatment to date has included medication such as Norco, Diclofenac Sodium, Salon pas patches, and Tramadol. On 8-4-15, pain was rated as 8-9 of 10. The injured worker had been using Lidoderm patches since August 2015. Currently, the injured worker complains of pain in the back, neck, upper extremities, and lower extremities. Numbness and tingling into the left hand and fingertips was also noted. The treating physician requested authorization for Lidoderm 5% patches 700mg per patch #30. On 8-20-15 the request was non-certified; the utilization review physician noted "there is not clear documentation that the claimant truly had neuropathic pain as the clinical evaluation does not find any significant evidence of radicular pain or peripheral neurological entrapment despite the diagnosis of cervical neuritis and radiculitis."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700mg/patch), 1 patch to skin 12 hours on and 12 hours off, #30:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. The claimant remained on oral opioids. The claimant was previously on topical NSAIDs. Long-term use of topical analgesics is not recommended. The request for continued use of Lidoderm patches as above is not medically necessary.