

Case Number:	CM15-0075735		
Date Assigned:	04/27/2015	Date of Injury:	10/08/2007
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on 10/08/2007. She has reported injury to the neck, shoulders, right elbow, hands, and back. The diagnoses have included cervicalgia; right shoulder impingement syndrome; chronic low back pain; and chronic pain syndrome. Treatment to date has included medications, diagnostics, ice/heat, and physical therapy. Medications have included Naprosyn, Hydrocodone-Acetaminophen, Kadian, Gabapentin, and Lidoderm Patch. A progress note from the treating physician, dated 03/03/2015, documented a follow-up with the injured worker. Currently, the injured worker complains of constant pain in the right arm, neck, bilateral shoulders, thoracic spine, right elbow, bilateral hands, bilateral knees, and low back; and the current medication regimen continues to be helpful for pain relief and increasing daily function. Objective findings included mild distress. The treatment plan has included the request for Lidoderm 5 Percent Patch #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent Patch #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: This claimant was injured now about 8 years ago. There are multiple areas of pain. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, it is not clear these criteria are met. Moreover, it is not clear how a single patch will aid multiple, diverse pain locations. The request was appropriately non-certified under MTUS, and therefore not medically necessary.