Core 400 LLC

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DATE NOTICE SENT TO ALL PARTIES: Jun/02/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lidocaine patch 5% #30

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and Pain Medicine

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is this reviewer's opinion that medical necessity for the request for Lidocaine patch 5% #30 has not been established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who was injured on xx/xx/xx. No clinical records were made available for review other than the previous utilization reviews which denied the use of lidocaine patches. The patient had multiple surgical procedures for the shoulder and was stated to have a brachial plexus injury based on electrodiagnostic studies in 2007. The patient had been utilizing Lidoderm patches in addition to Flector patches for pain. The 03/26/15 utilization review noted there was no indication the patient had failed oral medications for neuropathic pain such as gabapentin or Lyrica. The second utilization review on 04/08/15 indicated that there was still no clinical documentation of failure of first line medications for neuropathic pain such as antidepressants or anticonvulsants.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient is reported to have a brachioplexus type injury following multiple surgical procedures for the shoulder. The patient had been utilizing lidocaine patches for unspecified amount of time in addition to Flector patches. Prior utilization reviews noted the lack of clinical documentation of failure of first line medications for neuropathic pain such as anticonvulsants or antidepressants or that the patient had contraindications to these oral medications. Given that no additional clinical information was available for review to address these prior concerns it is this reviewer's opinion that medical necessity for the request for Lidocaine patch 5% #30 has not been established and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)