MAXIMUS Federal Services

Case Number:	CM13-0001334		
Date Assigned:	05/02/2014	Date of Injury:	05/25/2005
Decision Date:	07/08/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old male who was injured on 05/25/2005 at his construction site where he worked as a carpenter. He was carrying a large window frame with glass. He tripped over debris of concrete slag and fell forward trying to prevent the window from breaking on his right outstretched arm. He sustained a laceration to his left calf. Prior treatment history has included a single steroid injection performed. He was referred to an orthopedic surgeon who performed anterior fusion C5-6 and C6-7 on 10/30/2006. He received physical therapy and acupuncture, which helped temporarily. Current medications include:1.Diazepam 10 mg prn2.Keppra 750 mg bid3.Motrin 800 mg bid4.Lidoderm patches 1-2 a day5.Dilaudid 2 mg prnDiagnostic studies reviewed include MRI of the cervical spine on 06/05/2012 indicative of right C4-5 foraminal lateral protrusion and osteophyte complex 3-4 mm with severe right foraminal narrowing and right C5 root impingement. Note: There was no UDT report. Progress note dated 04/25/2014 objective findings on examination of the cervical spine reveal trigger points at the right greater than left paraspinal muscles, supraspinatus and infraspinatus. ROM: flexion 46 degrees, extension 25 degrees, right rotation 45 degrees and left rotation 48 degrees. Examination of the upper extremities reveals a decreased range of motion in the right shoulder with flexion at 175 degrees, abduction 167 degrees, adduction 30 degrees, extension 26 degrees, internal rotation 50 degrees and external rotation 80 degrees. Motor exam revealed 5/5 throughout. Sensory exam revealed allodynia, hyperesthesia and hypoesthesia in the right upper extremity at C4-6 distribution, right upper back and axillary area down to lower ribs. DTRs are 2+ at the bilateral upper extremities and +2 at the bilateral lower extremities. Negative Babinski. Diagnoses: 1.Cervical sprain with radiculopathy, status post decompression surgery with fusion, 10/30/2006.2.Chronic pain syndrome of the right upper extremity and adjacent

areas. 3 .Right brachial plexus traction injury. Treatment: 1.Well butrin XL 150 mg qam2.Continue home exercises. 3.Lidoderm patches 2/day prn pain

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patches) - Topical Analgesics Page(s): 56, 112.

Decision rationale: According to CA MTUS guidelines, Lidoderm is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of atrial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The guidelines state that Lidocaine as topical analgesic is only recommended for localized neuropathic pain after an evidence of failed first line therapy mentioned above. The available medical records do not document the failure pain relieving first-line medications. Therefore, the requested Lidoderm patches are not medically necessary.