

Case Number:	CM13-0033170		
Date Assigned:	12/06/2013	Date of Injury:	03/05/2012
Decision Date:	03/04/2014	UR Denial Date:	10/06/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain 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 physician 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.

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 44 year old female who sustained a work-related injury on 3/5/12. She has been diagnosed with cervical, thoracic, and lumbar spine pain, and disc annular disruption syndrome with high intensity zone. The patient describes her cervical pain as aching, burning, radiating and stiff. Back pain is described as aching, burning, spastic, and throbbing. A thoracic MRI dated 9/26/12 revealed no significant disk injuries. A cervical MRI dated 3/11/13 revealed no significant disc injuries or compression of the neural structures. A lumbar spine MRI dated 4/23/12 revealed degenerative disc disease from L3-L4 to L5-S1, annular fissure involving the left intraforaminal portion of the disc at L3-L4 and L4-L5, and focal central disc herniation at L5-S1 without central stenosis. An MRI of the left shoulder dated 2/22/13 showed a SLAP tear and anterior labral detachment with impression of supraspinatus tendinitis. The patient has been treated with physical therapy, massage therapy, chiropractic therapy, cervical spine blocks, lumbar radiofrequency neurotomy, a home exercise program, acupuncture, and medications. Per the 11/21/13 progress report, the injured worker is certified to return to light work duty with restriction of no lifting over 15lbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 60 Lidoderm 5% patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that lidocaine is indicated 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). Topical lidocaine patches have been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In the medical records submitted for review, the primary treating provider indicates that trials of first-line therapies including antidepressants and anti-neuroleptics have failed. However, there is no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request is not medically necessary.