

Case Number:	CM13-0041800		
Date Assigned:	03/28/2014	Date of Injury:	01/19/2013
Decision Date:	07/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 Neurology has a subspecialty in Neuromuscular 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 who sustained a work related injury on January 17 2013. Subsequently she developed chronic neck pain and left shoulder pain. According to the note dated on August 27, 2013, the patient was reported to have neck pain radiating to the left arm and headaches. The patient physical examination demonstrated cervical tenderness with reduced range of motion. Her MRI of cervical spine performed on May 2, 2013 showed cervical spondylosis at C3-C4 through C6-C7 disks. In a subsequent note dated on October 7, 2013 the patient was treated with Norco and Neurontin. Her physical examination demonstrated the left shoulder tenderness with reduced range of motion, positive impingement test. In addition to Neurontin and Norco, the patient was treated with the 6 sessions of physical therapy, and acromioclavicular corticosteroid injection. The patient was taking Norco since January 2013 and Neurontin since February 2013. There no clear documentation of failure of oral medications. The prvoider requested authorization to use Lidoderm Patch and cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USAGE OF LIDODERM 5% PATCH: Upheld

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

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

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics, page 111, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. 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. In this case, there is no clear documentation of failure of recent use of these medications. Furthermore, there is no strong evidence supporting its efficacy in chronic neck and back pain. Therefore, the prescription of Lidoderm 5% patch is not medically necessary.

PROSPECTIVE USAGE OF LIDODERM 5% PATCH: Upheld

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

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

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics, page 111, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. 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. In this case, there is no clear documentation of failure of recent use of these medications. Furthermore, there is no strong evidence supporting its efficacy in chronic neck and back pain. Therefore, the prescription of Lidoderm 5% patch is not medically necessary.