

Case Number:	CM13-0046189		
Date Assigned:	12/27/2013	Date of Injury:	11/08/1991
Decision Date:	04/30/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 an employee of [REDACTED] and has submitted a claim for cervical myofascian pain, lumbar facet arthropathy and radiculopathy associated with an industrial injury date of 11/08/1991. The treatment to date has included lumbar surgery on 03/05/2004 with a repeat surgery on 03/14/2004, lumbar epidural injections, physical therapy and oral medications. The utilization review from 10/21/2013 denied the request for 1 prescription for Lidocaine 5% (700mg), #30 1 refill because the medication is not recommended as a treatment for chronic neuropathic pain especially those that do not exhibit a localized peripheral type. Medical records from 2013 were reviewed, with the most recent progress report dated 10/18/2013 showing that patient complained of chronic left hip and left ankle pain graded 7/10. The left hip pain radiated down to the left ankle. Progress report dated 08/23/2013 documented back pain graded 8/10 without radiation. She also complained of neck pain with weakness in her right elbow resulting to difficulty holding heavy objects. Patient was only able to stand for less than an hour and walk for short distances due to pain. No improvement was noted even upon intake of medications. Physical examination showed limited neck flexion to 20 degrees, neck extension to 40 degrees, lateral flexion on both sides at 20 degrees, right lateral rotation at 40 degrees and left lateral rotation at 50 degrees. Lumbar flexion was likewise limited at 30 degrees, lumbar extension at less than 5 degrees and lateral bending on both sides at 10 degrees. Special tests showed positive for sacroiliac tenderness, Patrick's test, sacroiliac thrust test, and Yeoman's test bilaterally. The current medications include Duragesic patch 75mcg transdermally every 48 hours; MS Contin ER 30mg, 1 tablet BID; Valium 5mg, 1 tablet once per night; Xanax 1mg, 1 tablet TID; Nucynta 150mg, 1 tablet every 4-6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE 5% (700MG), #30 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: As stated in pages 56-57 of Chronic Pain Medical Treatment Guidelines, 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, medical records did not show that the patient was previously prescribed with tricyclic or SNRI antidepressants to manage her condition initially. Furthermore, the patient experiences chronic neck, back, hip and ankle pain which cannot be considered as a type of localized peripheral pain. Therefore, the request for Lidocaine 5% (700mg), #30 with one (1) refill is not medically necessary.