

Case Number:	CM13-0057462		
Date Assigned:	12/30/2013	Date of Injury:	10/01/1990
Decision Date:	05/20/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal 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:

Patient is an injured worker with a history of industrial injury to the neck, left shoulder, and lumbar spine. Date of injury was 10-09-1990. Progress report dated 10-07-2013 provided an interval history. Patient presents to the clinic for an orthopedic re-evaluation of her lumbar spine. She continues to have periodic pain and radicular symptoms with stiffness involving the low back. Physical exam findings of the cervical and lumbar spine reveal paraspinal muscle tenderness, painful range of motion testing, positive Spurling's sign and straight leg raises. Physical exam findings of the left shoulder show positive Neer and Hawkins impingement sign. Assessment: Industrial injury to the neck, left shoulder and lumbar spine on October 1, 1990; Lumbar spine degenerative disc disease with 1 mm central focal disc protrusion at L5-S1 based on MRIs of August 23, 2011; MRI of the left shoulder reveals severe tendinitis of the supraspinal and subscapularis and biceps tendon on August 23, 2011; Cervical spine MRI reveals degenerative disc disease at multiple levels dated August 23, 2011. Plan and recommendations included continued ice, stretching and strengthening exercises, Lidoderm patch, evaluation and treatment with an internal medicine doctor; she may require pain management in the future, totally and temporarily disabled. Utilization review dated 11-04-2013 recommended noncertification of 1 prescription for Lidoderm patches. Utilization review reported that the patient was utilizing Norco 10/325 mg every 6-8 hours for pain since 4/2/2013. The patient has not undergone trials of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR LIDODERM PATCHES [REDACTED] 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: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines Page 56-57 discusses Lidoderm: 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 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. Lidoderm is only FDA approved for post-herpetic neuralgia. Progress report dated 10-07-2013 provided the patient's history. Patient is injured worker with a history of industrial injury to the neck, left shoulder, and lumbar spine. Assessment: Industrial injury to the neck, left shoulder and lumbar spine on October 1, 1990; Lumbar spine degenerative disc disease with 1 mm central focal disc protrusion at L5-S1 based on MRIs of August 23, 2011; MRI of the left shoulder reveals severe tendinitis of the supraspinal and subscapularis and biceps tendon on August 23, 2011; Cervical spine MRI reveals degenerative disc disease at multiple levels dated August 23, 2011. Utilization review dated 11-04-2013 reported that the patient was utilizing Norco 10/325 mg every 6-8 hours for pain since 4/2/2013. The patient has not undergone trials of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Lidoderm is only FDA approved for post-herpetic neuralgia. FDA Prescribing Information documents that Lidoderm is indicated for relief of pain associated with post-herpetic neuralgia. MTUS guidelines and FDA Prescribing Information and medical records do not support the medical necessity of Lidoderm. Therefore, the request for 1 prescription for Lidoderm patches is not medically necessary.