

Case Number:	CM13-0066082		
Date Assigned:	01/03/2014	Date of Injury:	08/19/2010
Decision Date:	08/04/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Hawaii. 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 injured worker is a 50 year-old female, who sustained an injury on August 19, 2010. The mechanism of injury occurred while sitting in a chair at a nursing station, moved backwards and the chair flew out from beneath her. Findings from an exam dated June 19, 2012, included complaints of neck pain and pain radiating down the arms, with arm weakness. Exam showed a positive Spurling's test. Electromyography (EMG)/Nerve Conduction Velocity (NCV) showed right ulnar compression neuropathy, left-sided C6-7 cervical radiculopathy. Diagnostics have included: cervical spine MRI, dated January 24, 2014, showing C4-7 disc space narrowing with foramina narrowing; EMG/NCV dated January 24, 2012 noted above. Treatments have included medications, physical therapy, HEP. The current diagnoses are: cervicalgia, cervical disc disease with neural deficits. The stated purpose of the request for Lidoderm Patches was not noted. The request for Lidoderm Patches was denied on December 9, 2013, citing a lack of documentation of first-line therapy (anti-depressants or anti-epileptic drugs). Per the report dated November 4, 2013, the treating physician noted that the injured worker complained of neck pain, numbness and tingling from the left earlobe to the left foot. Exam shows a compromised gait, limited cervical range of motion, reduced strength to the left upper extremity, decreased sensation to the left lower extremity/right lower arm/left hand.

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 Page(s): 56-57. Decision based on Non-MTUS Citation ODG, Lidoderm.

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

Decision rationale: Per CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Page 56, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRI), anti-depressants or an Anti-Epilepsy Drugs (AEDs), such as gabapentin or Lyrica)". The injured worker had complaints of neck pain and left-sided numbness and tingling. The treating physician has documented limited cervical range of motion, reduced left upper extremity strength, decreased sensation to multiple extremities. Although the treating physician has documented radicular pain, as well as exam and diagnostic findings indicative of radiculopathy, the treating physician has not documented failed first-line therapy including anti-depressants and/or anti-epileptic medications. The criteria noted above not having been met, Lidoderm Patches are not medically necessary.