

Case Number:	CM13-0067398		
Date Assigned:	04/02/2014	Date of Injury:	04/27/2007
Decision Date:	05/26/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 41 year old female who was injured on 04/24/2007. She is status post a work-related injury. The injury occurred in the course of her usual work duties. The patient's medications as of 06/28/2013 include: Protonix, Lidoderm, Butrans and Prochlorperazine. Diagnostic studies reviewed include MRI of the lumbar spine completed on 01/14/2009 demonstrated Minor Schmor's node endplate change at T11-T12, T12-L1 and L1-2 disc spaces; L4-L5 showed loss of disc space signal, left hemilaminotomy changes, and 2 mm disc/annulus bulge (versus possible disc protrusion/herniation) in conjunction with endplate ridging slightly indenting the thecal sac; L5-S1 showed minor 1-2 mm disc/annulus bulge with endplate ridging slightly indenting the thecal sac. EMG/NCS of the upper and lower extremities were completed on 02/03/2010. This study demonstrated mild slowing of both ulnar nerves at the elbow which could indicate a mild ulnar tardive palsy bilaterally. Compared to the study done on both upper extremities on 01/09/2009, again the denervation noted in the right flexor carpi radialis muscle was no longer present, so there was no evidence of radiculopathy and the ulnar nerve slowing was mild bilaterally now whereas in January 2009, it was mild to moderate on the right, so that is also improved slightly. MRI of the cervical spine dated 03/31/2010 demonstrated multiple disc spaces showing degenerative loss of signal. At C5-C7, there was a 1-2 mm versus 2 mm disc/annulus bulge (versus possible disc protrusion/herniation) in conjunction with endplate ridging slightly indenting the thecal sac. The cord intrinsically normal over the levels covered. Pain Re-evaluation note dated 11/08/2013 indicated the patient has had multiple ADR to medications so far. Lidoderm patch had more pain relief. Objective findings on exam revealed the patient was noted to be oriented, alert/appropriate and depressed appearing. The patient was observed to be in moderate distress. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-

S1 level. Lumbar myofascial tenderness and paraspinous muscle spasm was noted on palpation. The range of motion of the cervical spine revealed moderate reduction secondary to pain. The spinal vertebral tenderness was noted in the cervical spine at the C4-C7. There was cervical myofascial tenderness noted on palpation. The patient was diagnosed with lumbar radiculitis, lumbar radiculopathy, and cervical radiculopathy; depression and chronic pain. The patient was unable to tolerate multiple medications, tried and failed Butrans, Norco, Tramadol, and NSAIDs. The following medications have been prescribed: Lidoderm 5% patch, and Protonix DR 40 mg tablet. The patient was examined on 06/28/2013 at which time she complained of pain 6/10 with medications and 8/10 without medications. The patient was examined on 05/03/2013 at which time she complained of average pain 9/10 without medications. The patient was examined on 03/29/2013, at which time she complained of pain 8/10 with medications and 9/10 without medications. AME completed by [REDACTED] on 12/02/2010 indicated future medical treatment was to allow for future medical care for bilateral lower extremities would include occasional refills of anti-inflammatories or analgesics and / or muscle relaxants. The patient was not thought to be a surgical candidate. She does not localize to the ulnar nerve at the elbow and instead gives a radiation of pain down towards the right thumb. This of course was not within an ulnar nerve distribution. It could be coming out of the neck in the form of a subjective radiculopathy or there could be some median irritation without damage which was not documented in the nerve studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH #30: Upheld

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

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

Decision rationale: California MTUS recommends Lidoderm 5% PATCH #30 for: 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). The medical records do not document that this patient has failed a trial of first line therapy of tricyclic or SNRI anti-depressants or an AED such as Gabapentin. Based on California MTUS guidelines and criteria as well as the clinical documentation, the request is not medically necessary.