

Case Number:	CM14-0006995		
Date Assigned:	02/12/2014	Date of Injury:	05/11/2012
Decision Date:	07/08/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 Physician 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 68 year old female injured on 05/11/12 when she was involved in a motor vehicle collision. Current diagnoses included bilateral C6 and C7 cervical spondylosis without myelopathy, bilateral C6 and C7 facet pain, myofascial pain with trigger points in multiple areas, and right ear fullness and hearing impairment secondary to motor vehicle collision. Clinical note dated 01/06/14 indicated the injured worker presented with continued pain with neck rotation and cervical extension. The injured worker had positive facet loading maneuvers in the neck at C6 and C7 on physical examination. The injured worker continued to have ringing and full sensation in the right ear which she did not have prior to the motor vehicle collision. Previous treatment included physical therapy, home stretching, NSAIDs, and trigger point injections. Current medications included Levoxyl, Diovan, amlodipine, amitriptyline 10mg daily, ibuprofen 800mg daily, and Lidoderm 5% patches every 12 hours. The request for lidocaine patch 5%, #45 was non-certified on 01/07/14. 1779

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PADS 5%, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an atypical antidepressants or anticonvulsants (AED) such as gabapentin or Lyrica). There is no indication that these types of medications have been trialed and/or failed. Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidocaine Pads 5%, #45 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.