

Case Number:	CM14-0014594		
Date Assigned:	02/28/2014	Date of Injury:	04/23/1996
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/05/2014

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 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:

The patient is a 59 year old female who was injured on 04/23/1996. The mechanism of injury is unknown. The patient underwent an anterior fusion at C5, C6, and C7 in 1997; and posterior wrist fusion at C5-C7 in 1998. The patient's medications as of 01/16/2014 (which is unchanged since 06/27/2013) include Celecoxib 200 mg, lidocaine 5%, Nucynta 50 mg, Tizanidine Hcl 2 mg, Duloxetine Hcl 60 mg, lisinopril 40 mg, Levoxyl 150 mg, Simvastatin 20 mg, and Chlorthalidone 50 mg. Primary treating physician report dated 01/16/2014 states the patient presents with back pain which she rates as moderate but the patient states the pain is changing in nature. The location of the pain is in her upper, back, middle back and lower back. On his musculoskeletal exam, she has positive back pain, neck pain, and negative for joint pain, joint swelling and muscle weakness. She is very tender to palpation over the posterior iliac crest over the graft donor site, with active trigger points as defined by California Medical Treatment Utilization Schedule (MTUS). Her cervical spine reveals no atrophy. She has maximum tenderness at the cervical root, paracervical, periscapular, trapezius muscles. Her axial compression test is negative as well as distraction test. The assessment and plan includes neck pain, failed back surgery syndrome, cervical; muscle spasm, COAT, chronic pain syndrome, myalgia and myositis; and pain in the thoracic spine. Authorization is requested for Lidoderm 5% (700 mg patch) to apply twice, 12 hours on and 12 hours off once as needed q. day #60 with 4 refills. On exam dated 06/27/2013, the patient reports her pain without medications is rated at 9/10 and with medications is 7/10. She rated her pain as a 10/10 before she received an injection. Without medications, the patient reports she could not get out of bed to get dressed so she stayed home all day. On 06/27/2013, it was noted that she could perform minimal activities at home and had contact with friends via phone or email. She was also able to get dressed. Prior UR

dated 01/30/2014 states the request for a refill of Lidocaine/Lidoderm Patch 5%, #60 with 4 refills is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MEDICATION REFILL OF LIDOCAINE/LIDODERM PATCH - 5% QUANTITY OF SIXTY (60) (30 DAY SUPPLY) WITH FOUR (4) REFILLS AS RELATED TO NECK/LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lidoderm patch guidelines

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) guidelines recommend Lidoderm (lidocaine patch) for the treatment of localized neuropathic pain if a trial of a first line therapy (such as tri-cyclic or SNRI anti-depressant or AED such as gabapentin or pregabalin) has failed. It is not recommended as a first-line therapy and is only FDA approved for the treatment of post-herpetic neuralgia. The medical records document the patient has chronic low back and neck pain with multiple areas of tenderness to palpation. There is no documentation of neuropathic pain, radicular symptoms, and no documentation of sensory or motor deficits. Further, the documents show no diagnosis of post-herpetic neuralgia and no prior trial of neuropathic pain medication such as gabapentin, pregabalin, tri-cyclic, or SNRI anti-depressant. Based on the CA MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is not medically necessary and appropriate.