

Case Number:	CM14-0015649		
Date Assigned:	06/04/2014	Date of Injury:	08/29/2011
Decision Date:	08/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 Texas and Oklahoma. 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 53-year-old male who reported an injury on 08/29/11. The mechanism of injury was a fall. His diagnoses include ulnar nerve lesions, chronic pain syndrome, sprain of neck, carpal tunnel syndrome and post trauma headaches, non-specified. His previous treatments included medication and physical therapy. Within the clinical note dated 01/14/2014, the injured worker reported that he continued to have left-sided headaches as well as neck pain and he rated the pain as 5 out of 10. He reported the current medications had no significant effect on decreasing his symptoms except for the Elavil helped him at night. The patient's current medications included Elavil 25 mg, ibuprofen tablets 800 mg and Tramadol 50 mg. On physical examination of the cervical spine, the physician reported he had decreased range of motion due to pain. There was moderate tenderness to the posterior cervical spine and paraspinals with paravertebral muscle tightness. On the neurological exam, the physician reported the patient had decreased left facial sensation. The physician reported the motor strength in the upper and lower extremities was 4-/5 and he had decreased sensation throughout the upper extremities without specific dermatomal distribution. His reflexes were equal and symmetrical in all extremities with a negative Hoffman and negative Spurling test. The physician reported plain films of the cervical spine showed end-plate degeneration at the C6-7 and straightening of the cervical lordosis. The treatment plan included a prescription for Elavil 25 mg, take 2 tablets by mouth at night, Lidoderm 5% 700 mg size patches, apply over the pain area x12 hours, quantity 60, refills 2 and discontinue ibuprofen and Tramadol. The rationale was noted to be for pain relief. The request for authorization form was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% 700 MG PATCH #60 WITH 2 REFILLS: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of trial of first line therapy or SNR antidepressants or an anti-epileptic drug such as Gabapentin or Lyrica. This is not a first line treatment and is only approved for post herpetic neuralgia. The clinical documentation provided indicated the injured worker had continued to have left-sided headaches and neck pain. The injured worker indicated that his medications of ibuprofen and Tramadol afforded no significant decrease in his symptoms. Furthermore, the use of topical compound analgesics as an effective treatment alternative for long-term pain relief is not supported by the guidelines. The documentation did not indicate the injured worker had post herpetic neuralgia that would support the request. The request also failed to provide the body part the medication is to be applied and the frequency for use. As such, the request for Lidoderm 5% 700 mg patch #60 with 2 refills is not medically necessary.