

Case Number:	CM14-0018906		
Date Assigned:	04/23/2014	Date of Injury:	09/09/2001
Decision Date:	07/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 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 64 year old female injured on 09/09/01 while performing regular duties as a registered nurse. The injured worker strained her back performing personal care instruction. Current diagnoses included cervical spondylosis, cervical, thoracic, lumbar degenerative disc disease, and cervical sprain/strain. Clinical note dated 12/20/13 indicated the injured presented complaining of mid back, low back, and neck pain. The patient reported low back pain was sharp with movement and dull otherwise. The injured reported pain radiated down bilateral lower extremities with episodic weakness in the legs resulting in falls. The injured also reported constant neck pain with associated headaches worsened by repetitive motion or turning of the head. The injured treated the headaches with Fioricet once in the morning, at the onset of stiff neck and once in the evening. The patient utilized Lunesta 3mg and a Vicodin before sleep and again at approximately 1 and 3am. Current medications include Fioricet twice daily, hydrocodone 5/325mg every four hours or as needed, Lunesta 3mg at night, and Soma 350mg as needed. The original request for trial of Lidoderm was non-certified on 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF LIDODERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.