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| Case Number: | CM14-0110782 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 01/19/2011 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/15/2014 |

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 Interventional Spine 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 60 year old with an injury date on 1/19/11. Patient complains of cervical pain, low lumbar pain with radiation to left lower extremities with numbness/tingling, right shoulder pain, and bilateral hand numbness/tingling per 6/19/14 report. Patient is on Norco 10mg, Lidoderm patches, and Pennsaid 1.5% liquid but has run out of medications for a month per 6/19/14 report. Based on the 6/19/14 progress report provided by [REDACTED] the diagnoses are: chronic neck pain, chronic lower back pain, MRI evidence of cervical spondylosis, bilateral hand paresthesias with history of bilateral carpal tunnel syndrome worse on right than left, persistent right shoulder pain, s/p arthroscopic surgery in 2011, persistent left knee pain, s/p arthroscopic surgery in August 2013, abnormal gait and deconditioning, right elbow pain, most likely due to lateral epicondylitis, and bilateral hip pain, rule out degenerative disc disease. Exam on 6/19/14 showed patient uses a standard cane, but is able to ambulate without the cane in the exam room. Normal gait is present but guarded posture. C-spine has full range of motion. Left upper extremity range of motion is full. Phalen's and Tinel's was positive on the bilateral wrists. L-spine range of motion slightly diminished. [REDACTED] is requesting lidocaine pad 5% Qty: 30. The utilization review determination being challenged is dated 6/27/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/5/13 to 6/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% Day Supply: 30 QTY: 30 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics, Non-steroidal ant inflammatory agents (NSAIDs) Page(s): 56-57, 111-113.

Decision rationale: This patient presents with neck pain, lower back pain radiating to left leg, bilateral hip pain, right shoulder pain, and bilateral hand numbness. The provider has asked for lidocaine pad 5% Qty: 30, refills: 2 but the date of the request is not known. The patient has been using lidocaine patches since 11/25/13. The MTUS guidelines page 57 states, 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 MTUS Page 112 also states, Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain. Regarding medications for chronic pain, MTUS pg. 60 states the provider must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the patient has been using Lidoderm patches since 11/25/13 without documentation of pain relief or functional improvement. Lidocaine Pad 5% Day Supply: 30 QTY: 30 Refills: 2 is not medically necessary.