

Case Number:	CM14-0126404		
Date Assigned:	08/29/2014	Date of Injury:	09/19/2012
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/08/2014

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 and is licensed to practice in Louisiana. 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 42 year old female who was injured on 09/19/2012. The mechanism of injury is unknown. Prior treatment history has included functional restoration program, and work hardening. Prior treatment history has included cervical epidural injections which provided 65% of relief. Prior medication history as of 02/21/2014 included Lidoderm 5% patch and Flexeril 5 mg. Progress report dated 06/05/2014 documented the patient to have complaints of neck pain, low back pain, left shoulder pain and left hip pain. She reported her pain rate is a 7/10. She rates her pain without medications on a 5/10. She noted her quality of sleep is poor. On exam, the cervical spine revealed restricted flexion to 20 degrees; extension to 20 degrees; right lateral bending limited to 15 degrees and left lateral bending to 10 degrees. There is tenderness noted at the paracervical muscles and trapezius. The lumbar spine revealed restricted range flexion to 50 degrees; extension limited to 10 degrees and AROM limited by pain. Trigger point is with radiating pain and twitch response on palpation at trapezius muscle left. She is diagnosed with cervical pain and cervical disc degeneration. She is recommended for trigger point injection and has been prescribed Lidoderm patches for topical relief. Prior utilization review dated 07/15/2014 states the request for Lidoderm 5% patch #60 is denied as there is no indication for its use in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with neuropathic etiology and should be used for a short-term period (no more than four weeks). Continued outcomes should be intermittently measured and if improvement does not continue, Lidoderm should be discontinued. The records indicate the use of this treatment for over a year, with no reported improvement in pain. The continued use of this medication is not supported by the guidelines and is not medically necessary.