MAXIMUS Federal Services

Case Number:	CM14-0131714		
Date Assigned:	08/20/2014	Date of Injury:	01/10/2013
Decision Date:	10/30/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 a 40-year-old female who reported an injury on 01/10/2013. The mechanism of injury was not clearly indicated in the clinical notes. Her diagnoses included cervical disc herniation at C5-6 with foraminal stenosis, cervical sprain with radicular symptoms, chest wall contusion, status post left knee arthroscopy, lumbosacral pain, posttraumatic headaches, small disc herniation at L4-5 and L5-S1, and thoracic sprain. The injured worker's past treatments included acupuncture sessions, chiropractic therapy, massage therapy, and medications. Her diagnostic exams included an electromyography study on 07/30/2013 and an MRI of the cervical spine. The injured worker's surgical history included a left knee arthroscopy performed in 2012. The injured worker complained of significant pain in her neck, which consisted of stabbing and radiating down to her left shoulder and arm. The pain caused sleep disturbances and decreased physical activity participation. She also reported low back pain with occasional radiation down into both legs, which was predominantly on the left side and worsened with prolonged sitting or driving. The physical exam revealed tenderness to the right and left paraspinal trapezius muscles of the cervical and thoracolumbar spine. The injured worker had decreased range of motion and normal sensory examinations. Her medications included Norco 2.5/325 mg, gabapentin 300 mg, Lidoderm patch 5%, and Flexeril 10 mg. The treatment plan consisted of a request for a cervical epidural steroid injection and a left lumbar medial branch facet block. A request was received for Lidoderm patch 5%, #60,1 patch to painful area every 12 hours with 1 refill. The rationale for the request was not clearly indicated. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% # 601 Patch to Painful Area Every 12 Hours Refill: 1: 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 Treatment Guidelines Lidoderm (lidocaine patch), Page(s): 56.

Decision rationale: The request for Lidoderm patch 5%, #60, 1 patch to painful area every 12 hours with 1 refill, is not medically necessary. The California MTUS Guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial of first line therapy such as, antidepressants or anti-epileptics. Based on the clinical notes, the injured worker had a diagnosis of cervical disc herniation at C5-6 with foraminal stenosis, as well as disc herniation at L4-5 and L5-S1. Her complaints included significant neck pain with radiating symptoms down into her left arm and shoulder. Her diagnosis and complaints would be supported by the guidelines for use. However, the guidelines indicate that Lidoderm is not a first line treatment. Additionally, the clinical notes do not indicate that the injured worker utilized first line therapies such as antidepressants and anti-epileptics to treat her pain and radiating symptoms. Therefore, due to lack of documentation indicating that first line therapies such as antidepressants and anti-epileptics were used, and lack of support from the guidelines, the request is not supported. Thus, the request for Lidoderm patch 5%, #60, 1 patch to painful every 12 hours, with 1 refill, is not medically necessary.