

Case Number:	CM14-0135733		
Date Assigned:	08/29/2014	Date of Injury:	05/17/1996
Decision Date:	10/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal Medicine and Pulmonary Disease 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 injured worker is a 58-year-old female who reported an injury 09/17/1996. The mechanism of injury was not provided within the medical records. The clinical note dated 08/26/2014 indicated diagnoses of cervical radiculopathy, lumbar radiculopathy, medication related dyspepsia, complex regional pain syndrome, and chronic pain as well as hiatal hernia. The injured worker reported neck and low back pain. The injured worker reported her neck pain radiated down the bilateral upper extremities and was accompanied by numbness frequently in the bilateral upper extremities to the level of the hands. The injured worker reported headaches associated with the pain and reported frequent muscle spasms in the bilateral neck. The injured worker reported pain was aggravated by activity, flexion, extension, repetitive head motions and walking. The injured worker reported her low back pain radiated down the bilateral lower extremity. The injured worker rated her pain 10/10 with medications and 10/10 without medications. On physical examination of the cervical spine there was tenderness at C4, C7. The injured worker's range of motion of the cervical spine was moderately limited due to pain. The injured worker's examination of the lumbar spine revealed spasms noted at L4 through S1 with tenderness upon palpation of the spinal vertebral area L4 through S1 levels with range of motion moderately to severely limited. The injured worker's treatment plan included continued medications and followup in 2 months. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included the Lidoderm patch. The provider submitted a request for the Lidoderm patch. A Request for Authorization dated 08/28/2014 was submitted for Lidoderm patch; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Lidoderm Patches 5%, #30 is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the guidelines indicate that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as gabapentin or Lyrica. No other commercially approved topically formulations of lidocaine, whether creams or lotions or gels, are indicated for neuropathic pain. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. It was not indicated if the injured worker had tried and failed a first line therapy. In addition, there was lack of documentation of efficacy and functional improvement with the use of the Lidoderm. Furthermore, the request does not indicate a frequency. Therefore, the request for Lidoderm is not medically necessary.