MAXIMUS Federal Services

Case Number:	CM14-0151179		
Date Assigned:	09/19/2014	Date of Injury:	10/22/2010
Decision Date:	10/21/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine, 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:

Injured worker is a female with date of injury 10/22/2010. Per primary treating physician's progress report dated 8/7/2014, the injured worker states that recently her pain has been controlled around 4-5/10. She states she is constantly under the effect of the medication as no dosage is missed. She states that she has felt more achy feeling and more aggravation of pain at times because she has not received her patches. She states that the patches helped to relax her even more so that she could be more functional. She stopped using the single point cane because she was getting some numbness and tingling in the hands. Mental stats exam revealed very sad affect and tearful. Cervical spine examination revealed a well-healed surgical scar on the posterior side of cervical spine, slight tenderness to touch and some stiffness. She can barely flex to 50 degrees. Extension and side to side tilt is restricted and painful. Right shoulder can go to 110 degrees and after that it is painful. Neer's and Hawkins are positive on the right. She is walking without assistive device, but heel and toe ambulation could not be conducted because of instability. There is lumbar spine tenderness, which is worse at the lumbar paravertebrals at L4-5 and L5-S1. Range of motion of the lumbar spine is restricted. Straight leg raising causes hamstring tightness and low back pain. Diagnoses include 1) cervical sprain 2) cervical radiculitis 3) C5-C6 disc protrusions 4) anxiety/stress 5) depression 6) weight gain 7) insomnia 8) right shoulder pain 9) mid back pain 10) thoracic sprain 11) lumbar strain 12) headaches 13) gastritis 14) decompressive cervical laminectomy at C3-4, C5-6 and decompression of the spinal cord 1/29/2013 15) rule out cauda equine syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, Q12hours on/off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Lidoderm (lidocaine patch); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) section, Page(s): 56, 57.

Decision rationale: Lidoderm is a Lidocaine patch providing topical Lidocaine. The MTUS Guidelines recommend the use of topical Lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical necessity for this request has not been established. The request for Lidoderm 5% patch, Q12hours on/off #30 is determined to not be medically necessary.