

Case Number:	CM14-0165939		
Date Assigned:	10/13/2014	Date of Injury:	05/10/2013
Decision Date:	11/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 53-year-old man who sustained a work-related injury on May 10, 2013. Subsequently, he developed chronic neck and back pain. MRI of the cervical spine dated September 16, 2013, showed severe degenerative spondylosis at C3-4 and C4-5 with right-sided foraminal stenosis secondary to a right paracentral disc/osteophyte complex and facet hypertrophy. X-rays of the cervical spine showed advanced degenerative spondylosis at C3-4 and C4-5. The patient was having chiropractic treatment with pain improvement. The patient had tried and failed Nucynta. A note dated October 9, 2014 documented that the patient's back pain improved with rest but his neck pain remained unchanged. He reported a constant dull pain in the right posterior cervical region with occasional sharp pain into his right parascapular region. He noted that his pain is relieved with immobilization, ice, heat, chiropractic massage, and Norco. He has occasional tightness in the right cervical paravertebral region. He reported intermittent tingling of the right shoulder and upper arm. Physical examination revealed cervical flexion and extension was 45 degrees and 30 degrees respectively. Cervical rotation was 45 degrees to the right and 60 degrees to the left. He had severe cervical paravertebral discomfort with greater than 15 degrees of lateral cervical flexion bilaterally. His shoulder, elbow, and wrist range of motion was normal. There was tenderness at the extremes of passive left wrist dorsiflexion. His grip strength was 60 pounds bilaterally. The shoulder impingement test was negative. The rest of his neurological examination was normal. The patient was diagnosed with degenerative disc disease at C5-6 of the cervical spine, degenerative disc disease of L5-S1 with right leg sciatica, and carpal tunnel syndrome bilaterally, left greater than right. The provider requested authorization to use Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% applied every 4 hours #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy. There is no strong evidence supporting the efficacy of Lidoderm in chronic neck and back pain. In fact, the patient was approved for the use of oral opioids and the need for Lidoderm patch is not justified. There is no evidence of neuropathic origin of the patient's pain. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.