MAXIMUS Federal Services

Case Number:	CM14-0169007		
Date Assigned:	10/17/2014	Date of Injury:	03/21/2014
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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:

The claimant injured her neck and upper/lower back on 03/21/14 when she slipped and fell. Lidocaine pads 5% with refills are under review. She was diagnosed with lumbar radiculopathy. She has chronic pain and did not respond to conservative care including physical therapy, chiropractic, and acupuncture. Physical examination has shown limited range of motion due to pain and tenderness in the lumbar spine and tenderness in the upper back. She had an antalgic gait. On 04/28/14, she saw a provider and reported pain throughout her cervical, thoracic, and lumbar spine. She has episodic shooting pain into the right leg primarily posteriorly but no left leg pain. She complained of neck pain with episodic numbness and tingling in her hands and problems with coordination and balance. She 3 visits of physical therapy, braces, anti-inflammatory medications, and muscle relaxants. Her present medications were Ibuprofen 600 mg averaging 3 a day, Flexeril, and Norco which she stated she had not taken. She had fairly diffuse tenderness in the neck and back. She complained of numbness and episodic dysesthesias in the posterior right leg. There was no focal weakness and negative straight leg raises were noted bilaterally. Reflexes were brisk. She did not have any focal weakness but had some reproduction of upper extremity symptoms with manipulation of the cervical spine and x-rays revealed a significant amount of degenerative change primarily at C5-6. Lumbar MRI showed no evidence of fracture or significant instability. There was facet arthrosis at L4-5 but no significant disc herniation or stenosis. MRI of the thoracic spine showed a left paracentral disc protrusion at T7-8 without significant neurologic compression. On 05/08/14, she was seen again. She was using TENS with benefit. Diagnoses were bilateral neural foraminal stenosis at C5-6 and C6-7 with neck pain and mild upper extremity dysesthesias and resolving thoracic and lumbar strain. She was responding to physical therapy and was slowly improving. Cervical epidural steroid injections were under consideration. On 09/23/14, the note states she had an

epidural injection on 07/25/14 with less than 48 hours of relief. She had a dramatically antalgic gait. A bone scan was done and was negative for occult fracture. On 10/16/14, she was seen for chronic low back pain. Lidocaine patches had been denied. Transfer of care to pain management was recommended. Lidoderm patches were ordered to help reduce her need for narcotic analgesics. However, her current medication use was not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% Day Supply: 10, QTY: 30, Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidocaine patches 5% Day Supply: 10, QTY: 30 with 3 refills. The MTUS Chronic Pain Medical Treatment Guidelines state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of failure of all other first line drugs. The claimant received refills of other medications, also and there is no documentation of failures of trials of first line drugs such as acetaminophen and local modalities. The MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." There is no evidence that these criteria have been met for Lidocaine patches 5%. The claimant's recommended pattern of use and the location for use are not described. The medical necessity of this request has not been clearly demonstrated; therefore, the request is not medically necessary.