

Case Number:	CM14-0029777		
Date Assigned:	04/09/2014	Date of Injury:	06/05/2009
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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, has a subspecialty in Interventional Spine 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 patient is a 48 year old female with an injury date of 06/05/09. Based on the 08/26/13 progress report provided by [REDACTED], the patient complains of neck pain rated at 6/10 with tingling sensation in the bilateral upper extremities and low back pain rated at 4/10 with tingling sensation into the right lower extremity. All active lumbar and cervical ranges of motion are limited due to pain and spasm. The patient has a positive Phalen's sign and Tinel's sign (at post elbow) bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , LIDODERM PATCH, TOPICAL ANALGESICS, 56-57, 111.

Decision rationale: According to the 08/26/13 progress report by [REDACTED], the patient presents with neck pain with tingling sensation in the bilateral upper extremities and low back

pain with tingling sensation into the right lower extremity. The request is for Lidoderm Patch 5%. The report with the request was not provided and Lidoderm patches were not mentioned in any of the other reports. A EMG/NCV dated 07/02/13 stated that there was "No electrical evidence of a lumbar radiculopathy or plexopathy affecting the L3 through S1 lower motor nerve fibers of the bilateral lower extremities or the corresponding lumbar paraspinals. No electrical evidence of a peripheral neuropathy or mononeuropathy affecting the bilateral lower extremities." MTUS Guidelines recommends Lidoderm patches for neuropathic pain stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants or an AED such as gabapentin or Lyrica." This patient does not present with neuropathic pain, but nociceptive pain of the neck and lower back. The use of Lidoderm patches are not indicated per MTUS guidelines. The request is not medically necessary.