

Case Number:	CM14-0033980		
Date Assigned:	06/20/2014	Date of Injury:	02/11/2006
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/18/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 injured worker is a 34-year-old with date of injury February 11, 2006 with related neck, bilateral shoulder, and low back pain. According to the February 3, 2014 progress report, the injured worker complained of neck pain which worsened due to repetitive neck bending and twisting. Lower back pain was present with radiating pain and numbness down both lower extremities. Per physical examination, grade 3 myospasm was noted during palpation of the cervical paraspinal musculature with reduced cervical range of motion. During orthopedic testing there was a positive spurling's test, and positive foraminal compression test bilaterally with associated pain in the lower C4. Muscle strength was slightly reduced to 4/5 during shoulder flexion, wrist extension, elbow extension, finger abduction and at the abductor pollicis brevis. Reflexes were +2 bilateral and symmetrical. In the lumbar spine a grade 3 myospasm was noted with decreased lumbar spine range of motion which was painful during flexion, extension and bilateral lateral flexion. During palpation of the right knee tenderness was present at the medial and lateral joint line. MRI of the cervical spine and right knee dated January 10, 2014 were unremarkable. MRI of the lumbar spine dated January 21, 2009 revealed mild left foraminal stenosis at L4-L5. Treatment to date has included physical therapy, epidural steroid injection, and medication management. The date of UR decision was February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request for one prescription of Lidoderm patches, thirty count, is not medically necessary or appropriate.