

Case Number:	CM14-0042959		
Date Assigned:	06/30/2014	Date of Injury:	08/08/2005
Decision Date:	07/30/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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 and is licensed to practice in Illinois. 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 52-year-old female with a reported date of injury on 08/08/2005. The injury reportedly occurred when the injured worker was lifting trash out of a compactor and felt pain in her shoulders, neck, and back. Her previous treatments were noted to include physical therapy, trigger point injection, and medications. Her diagnoses were noted to include cervical spondylosis at C6-7, and coccydynia. The progress note dated 02/19/2014, the injured worker reported her symptoms of pain had increased and that she was depressed. The injured worker complained of tremendous pain throughout the day through the base of her neck, upper and lower back area which she described as severe and excruciating. The physical examination reported some tenderness directly in the sacroiliac joints bilaterally. The active range of motion to the thoracolumbar spine was severely limited. The injured worker could only forward flex to approximately 20 degrees and extend to 5 to 10 degrees before stopping to complain of back pain. The lateral bending was also limited significant to approximately 5 degrees before the injured worker stopped to complain of pain. The straight leg raise testing was positive bilaterally and motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was noted normal to light touch and quadriceps reflexes were 1 to 2+ and symmetrical and Achilles reflex were 0 to 1+ and symmetrical. The progress report dated 12/20/2013 reported the injured worker had diffused myofascial pain to the cervical, thoracic, and lumbar spine. The injured worker reported she had not been attending physical therapy due to lack of transportation. The Request for Authorization was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The injured worker was shown to have a normal motor strength and sensory. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that lidocaine is indicated for neuropathic pain for localized peripheral pain after there has been an evidence of first line therapy (tricyclic or SNRI (Serotonin-norepinephrine reuptake inhibitors) antidepressants or an AED (Automated external defibrillator) 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. Lidoderm is not recommended for non-neuropathic pain and there is only one trial that tested 4% lidocaine for treatment of chronic muscle pain and the results show there was no superiority over placebo. There is a lack of documentation regarding neuropathic pain to warrant a Lidoderm patch at this time and the documentation provided indicated the motor examination and sensory examinations were normal. The injured worker described her pain as severe and excruciating to her upper and lower back; however, there was a lack of documentation regarding radiating pain. Therefore, due to the lack of documentation regarding neuropathic pain, Lidoderm patches are not warranted at this time. As such, the Lidoderm patches are not medically necessary.