

Case Number:	CM14-0055844		
Date Assigned:	07/09/2014	Date of Injury:	05/25/1980
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 Internal Medicine and is licensed to practice in Georgia. 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 73-year-old female who experienced cervical spondylosis after an inciting event on May 25, 1980. Her symptoms include aching and throbbing neck pain that did not radiate. She was initially treated with anti-inflammatory medications, chiropractic care, home exercises, and physical therapy. Her physical examination was significant for pain with direct pressure to the spinal bones in the neck; limited neck range of motion; and limited neck flexion and extension due to pain. During the treatment course the injured worker's symptoms did not improve, therefore a muscle relaxant (Zanaflex) and opiate analgesic (OxyContin) were prescribed. The treating physician further documented failure of the symptoms to improve and recommended cervical nerve block and topical Lidocaine. Imaging studies of the injured worker's neck are documented in the treating physician's notes. The treating physician did not document important findings regarding cervical nerve block and the rationale of topical Lidocaine. Pertinent documents reviewed for the injury and treatment summary include utilization review report, laboratory reports, and the treating physician's progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch Retro DOS 1/2/12, 7/12/12, 10/9/13, and 1/10/14: Upheld

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

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

Decision rationale: The injured worker has cervical spondylosis that is best classified as musculoskeletal pain. The MTUS citation listed provides specific indications for topical analgesics including lidocaine as follows, Indication: Neuropathic pain 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 or Lyrica). The MTUS citation continues further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The treating physician has not described clinical evidence of pathology consistent with neuropathic pain. Moreover, the injured worker was not treated for neuropathic pain by conservative measures with antiepileptic drugs such as Gabapentin or Lyrica as indicated by the MTUS citation. Review of the treating physician's progress notes does not yield information including exam findings that supports the use of topical Lidocaine. Regarding the use of topical Lidocaine for musculoskeletal pain, the MTUS states, There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Therefore, specific indications for its use are not present. Topical Lidocaine is not medically necessary, as the injured worker does not meet the criteria described in the MTUS.