

Case Number:	CM14-0056430		
Date Assigned:	07/09/2014	Date of Injury:	02/07/2005
Decision Date:	08/13/2014	UR Denial Date:	03/24/2014
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 Physical Medicine and Rehabilitation 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 49 year old male who was injured on 02/07/2005. The mechanism of injury is unknown. He has been treated with epidural steroid injections at left C5-6, on 02/24/2014 which provided 70% pain relief to his neck and radicular symptoms. Pain consult dated 03/20/2014 states the patient complained of pain in his lower back which radiates down to his left lower extremity. He does remain on analgesics but weaned himself off MS-Contin since he received an injection. He has been able to cut back on the amount of Norco 10/325 mg. He also feels Neurontin, Prozac, Lidoderm, and Flector patch have been beneficial enabling him to be more functional. Objective findings on exam revealed the lumbar spine to pain to palpation. There is muscle rigidity noted. Range of motion revealed the patient can forward flex bringing his fingertips to just below his knees and can extend to 20 degrees. Straight leg raise performed in a modified sitting position is positive bilaterally at full extension. Sensory examination is decreased in the S1 and/or L5 distribution on the left. The posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. He had numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. Facet loading causes pain. Sensory deficits were noted along the lateral arm and forearm. He is diagnosed with cervical myofascial injury with 3-4 mm disc protrusion, bilateral upper extremity radiculopathy, right greater than left; lumbar spine sprain/strain, bilateral lower extremity radiculopathy, and left greater than right. The patient was recommended for physical therapy twice a week for 6 weeks, 10 additional cognitive behavioral psycho-therapy sessions and a four-wheeled walker. He was also recommended Norco 10/325, Prilosec 20 mg, Anaprox DS 550 mg, Flector patch 1.3%, Lidoderm 5%, and Topamax 25 mg. Prior utilization review dated 03/24/2014 states the request for Lidocaine 5% Pad is not certified as there is no evidence of documented first line trial therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Pad: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Lidoderm.

Decision rationale: The most recent medical report provided in the records is a progress report dated 12/9/2013, which does not include subjective and objective examination findings. The guidelines state topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not establish this patient has an active neuropathy. The medical records do not reveal any current subjective and objective findings of a localized peripheral pain. Also, the medical records do not establish all first-line therapy has been tried for this patient. The medical necessity of Lidoderm patch is not established.