

Case Number:	CM14-0066767		
Date Assigned:	07/11/2014	Date of Injury:	04/27/2011
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/09/2014

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 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:

According to the records made available for review, this is a 54-year-old male with a 4/27/11 date of injury. At the time (5/2/14) of the request for authorization for Lidocaine Patch 5% Quantity 30, there is documentation of subjective (intermittent neck pain shooting down upper extremities, right more than left, with tingling, numbness and paresthesia. He also has intermittent low back pain and right shoulder pain) and objective (paravertebral muscle spasm and localized tenderness is present in lower cervical and right supraclavicular region, localized tenderness is present at AC joint areas, right-sided Spurling's maneuver is still positive, range of motion of lumbar spine and cervical spine restricted, 45/ strength in right upper extremity, and diminished sensation to light touch in right upper extremity) findings. Current diagnoses are lumbar central disc protrusion at L5-S1 level and disc bulge at L4-5 with effacement of thecal sac; multilevel thoracic degenerative disc disease; cervical disc protrusion at C4-5, C5-6, and C6-7 level; right-sided cervical radiculitis; right shoulder partial rotator cuff tear with degeneration; right-sided L5-S1 lumbar radiculopathy and sensory neuropathies; depression; bilateral shoulder rotator cuff syndrome; and left shoulder tendinopathy with degenerative changes). Treatment to date is medication including ongoing use of Neurontin and antidepressants. There is no evidence that a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an anti-epilepsy drug (AED) such as gabapentin or Lyrica) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of lumbar central disc protrusion at L5-S1 level and disc bulge at L4-5 with effacement of thecal sac; multilevel thoracic degenerative disc disease; cervical disc protrusion at C4-5, C5-6, and C6-7 level; right-sided cervical radiculitis; right shoulder partial rotator cuff tear with degeneration; right-sided L5-S1 lumbar radiculopathy and sensory neuropathies; depression; bilateral shoulder rotator cuff syndrome; and left shoulder tendinopathy with degenerative changes. In addition, there is documentation of neuropathic pain and ongoing use of Neurontin and antidepressants. However, given documentation of ongoing use of Neurontin and antidepressants, there is no evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug (AED) such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the medical records, the request for Lidocaine Patch 5% Quantity 30 is not medically necessary.