

Case Number:	CM14-0097129		
Date Assigned:	07/28/2014	Date of Injury:	02/05/2002
Decision Date:	12/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 Maryland. 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 employee sustained an industrial injury on 02/05/02. The request was for Lidoderm patch. The visit note from 03/03/14 was reviewed. Her subjective complaints included neck pain at 5-8/10 radiating to right upper extremity with weakness and tingling in her right hand exacerbated with neck extension and relief with right upper extremity arm abduction. She was taking Motrin with minimal relief. She stopped Gabapentin due to wheezing. She also reported numbness down left calf to foot when sitting for too long. Pertinent examination findings included cervical range of motion that was 75% normal, tenderness to palpation at midline cervical spine, right trapezius and right lateral upper extremity. She had focal point tenderness right laterally to C6-C7 and medial and posterior to right shoulder joint. Her strength was 4/5 in right wrist and rest of the right upper extremity and left upper extremity were 5/5. Sensation was intact in both upper and lower extremities. Impression was cervical spondylosis with radiculopathy and myelopathy, status post ACDF (Anterior Cervical Discectomy and Fusion) at C5-C6 and C6-C7 in 11/2002, symptomatic adjacent segment disease at C4-5, HNP (herniated nucleus pulposus) C4-5 with myelopathy, cervical spinal stenosis at C4-5 with moderate left C5 foraminal stenosis, status post ACDF at C4-5, grade I degenerative spondylolisthesis at C7-T, acute right upper extremity radiculopathy, rule out new cervical disc herniation and cervical postlaminectomy fusion syndrome with delayed union of most recent cervical fusion. An MRI of the cervical spine from 02/12/14 failed to reveal any significant narrowing of spinal canal or intervertebral foramina. The request was for Lidoderm patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch Qty: 90: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial of a first line therapy such as tricyclics or SNRI (serotonin-norepinephrine reuptake inhibitor) or AEDs (anti epilepsy drugs) such as gabapentin or Lyrica. The medical record shows that the employee failed a trial of Gabapentin and had ongoing neck pain radiating to right upper extremity with paresthesias. Impression was radiculopathy and myelopathy. Given that the employee had radiculopathy/neuropathy symptoms in the form of paresthesias and also had failed a trial of Gabapentin, the request for Lidoderm patch 5% is medically necessary and appropriate.