MAXIMUS Federal Services

Case Number:	CM14-0166976		
Date Assigned:	10/14/2014	Date of Injury:	04/06/2001
Decision Date:	07/01/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 74 year old female, who sustained an industrial injury on 04/06/2001. The injured worker is currently retired and permanent and stationary. The injured worker is currently diagnosed as having cervical spine disk syndrome with sprain/strain disorder and radiculopathy, thoracic spine disk syndrome with sprain/strain disorder and radiculopathy, and chronic pain syndrome with idiopathic insomnia. Treatment and diagnostics to date has included cervical spine MRI which showed multilevel central canal disc bulging, and medications. In a progress note dated 09/15/2014, the injured worker presented with complaints of neck and mid back pain. Objective findings include reduced cervical and thoracic spine range of motion, reduced sensation and strength at the C6 spinal nerve roots, and cervical and thoracic tenderness. The treating physician reported requesting authorization for Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches 5% #30 x 5 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine patches 5% #30 with five refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial. If improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the worker's working diagnoses are cervical spine disc syndrome with strain sprain disorder and radiculopathy; thoracic spine disc syndrome with strain sprain disorder and radiculopathy; and chronic pain syndrome with idiopathic insomnia. The medical record contains 21 pages. Lidocaine patches were prescribed for the first time in a September 15, 2014 progress note with five refills. The area(s) to be treated is (are) not documented in medical record. Although the injured worker had clinical signs of radiculopathy, there were no peripheral forces of neuropathic pain is an indication for lidocaine patches. Additionally, 5 refills were prescribed. Five refills are not clinically indicated. Five refills do not provide additional documentation of objective functional improvement to support ongoing Lidoderm patch use. There is no documentation of first-line treatment failure with antidepressants and anticonvulsants. Consequently, absent clinical documentation with objective evidence of neuropathic symptoms and signs, 5 refills lidocaine patches and anatomical region(s) to be treated, lidocaine patches 5% #30 with five refills is not medically necessary.