

Case Number:	CM14-0192433		
Date Assigned:	11/26/2014	Date of Injury:	02/09/2001
Decision Date:	01/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Neuromuscular 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 patient is a 63 year old female with a work injury dated 2/9/01. The diagnoses include low back pain, chronic pain syndrome, history of lumbar fusion, cervical discogenic and facetogenic disease, severe depression, history of narcotics abuse, right trochanteric bursitis. Under consideration are requests for Lidocaine 5% #90. A 1/31/14 document states that the patient's medications included Lidocaine and her pain average was a 9/10. Additionally pain has interfered with her daily activities at a level of 9/10. A 9/26/14 document states that she continues to have bilateral neck pain, which is more right sided. It is radiating up to the head causing headaches. Low back pain radiates to both lower legs. She has a lot of numbness and tingling, worse in the right leg, and she is having right lateral hip pain. Her pain levels are an 8/10. Gabapentin does significantly help some of the burning in the legs. The orphenadrine is helpful for muscle spasm. She also takes Nexium for GI upset from chronic medications and she states she would like to request the Lidoderm patches she previously used, three at a time, and they were significantly helpful for pain. She would like to try acupuncture for the neck pain and headache. She is having more difficulty with movement of her neck. She also states without the Gabapentin she would be extremely debilitated. She states she has had epidurals both of the lumbar and cervical spine in the past as well as facet diagnostic injections that were all significantly beneficial to her and gave her greater than 50% relief for several months but the epidurals have been denied. She has not had nerve conduction for lower extremities for many years. On exam she is tender in the upper facets, more so on the right. Range of motion is severely limited in all fields. She is tender in the sacroiliac and the paraspinal muscles. Range of motion is decreased in all fields. Reflexes of the upper extremities are 2+, lower extremities are 1+. The patella are trace. in left Achilles and 1 + in right Achilles. Sensation is decreased in the

right lateral leg and the left lateral leg, but more so on the right. Strength of the upper extremities is 5/5. Strength of the right lower extremity is 5/5 and left is 4+/5. Straight leg raising is slightly positive on the right today. Patrick's maneuver is negative. She continues to have tenderness of the right greater trochanter. The treatment plan states that the patient has significant radicular symptoms and needs Gabapentin. A request for Lidoderm patch was made as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Topical lidocaine.

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

Decision rationale: Lidocaine 5% #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation indicates that the patient has taken Lidocaine in the past and while on it her pain levels were 9/10 and the pain has interfered with her activities of daily living. There is no evidence of significant functional improvement despite taking prior Lidocaine. The documentation does not indicate a diagnosis of post-herpetic neuralgia. For these reasons the request for Lidoderm Patch 5% is not medically necessary.