

Case Number:	CM14-0199178		
Date Assigned:	12/09/2014	Date of Injury:	08/29/2013
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Interventional spine, 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 52 year old female with an injury date of 08/29/13. Per the 10/30/14 progress report, the patient presents with cervical pain radiating down the arms, right greater than left into her hands with numbness and tingling. She also presents with lower back pain. Return to work has exacerbated pain and pain has flared on the right side. She has difficulty with sleep issues, and she is not currently working. Examination of the cervical spine reveals increased tenderness and tightness over the bilateral trapezii with positive Spurling's. There is tenderness on the right anterior shoulder. There is also tenderness in the high lumbar, low thoracic with tenderness across the lumbosacral area and moderate tenderness to palpation over the bilateral trochanteric bursa as well as hypoesthesia down the posterolateral aspects of the bilateral upper extremities down to the 1st and 2nd fingers and right posterolateral thigh down to the knee. The patient's diagnoses include: 1. Multiple disc bulging in the cervical spine with bilateral cervical radiculitis 2. Myofascial pain syndrome 3. Lumbar degenerative disc disease 4. Bilateral "sacroiliitis" 5. Lumbar radiculopathy 6. Cervical facet arthrosis. Main pain generator 7. Bilateral trochanteric bursitis The treater cites: MRI cervical spine is showing multilevel degenerative disc disease at C4-5 down to C6-7. MRI lumbar spine is showing increased disc bulging at L4-5 with annular tear to the left midline. Four physical therapy treatment reports from 05/21/14 to 07/31/14 are included. Medications are listed as, Prilosec (occasional use for stomach upset), Ketoprofen lidocaine cream, Norflex, Lidoderm patch, and Ultram. The utilization review being challenged is dated 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Lidoderm® (lidocaine patch)

Decision rationale: The patient presents with cervical back pain radiating down the arms into the hands along with lower back pain and tenderness in the bilateral trochanteric bursae. The treater requests for Lidocaine pad 5% #90 per report of unknown date. The RFA is not included. The reports show the patient has been using this medication since at least 09/19/14. MTUS Lidoderm (lidocaine patch) pages 56, 57 have the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. In this case, the treater does not discuss the intended use of the medication in the reports provided. It is not stated whether or not Lidocaine pads help the patient. In this case, guidelines state that this medication is indicated for peripheral localized neuropathic pain. The patient does present with pain in the right arms and hands and numbness down the posterolateral thigh to the knee; however, this appears to be referred pain and not localized peripheral pain. The request is not medically necessary.