

Case Number:	CM14-0204207		
Date Assigned:	12/16/2014	Date of Injury:	10/23/2008
Decision Date:	02/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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 Pain Management 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 51-year-old female with an injury date of 10/23/2006. Based on the 06/05/2014 progress report, the patient complains of having chronic cervical spine pain which she rates as an 8/10 and right distal ulnar pain which she rates as a 7/10. She has moderate to severe bilateral trapezius tightness and spasm. There is restricted range of motion, hypersensitive neck, and hypersensitive bilateral arms. The patient has a positive clonus on both sides. Tenderness and pain is noted across the right trapezius and right cervical facet joints. The 10/14/2014 report is handwritten and illegible. The 10/28/2014 report states that the patient rates her pain as a 9/10 without medications and a 6/10 with medications. She has increased swelling in her neck and a positive edema in the trapezius. The patient's diagnoses include the following: Status post cervical fusion with slight improvement; cervical discogenic disease; chronic cervical spine sprain/strain; chronic hoarseness of voice possibly due to vocal cord trauma; and Rule out myelopathy. The utilization review determination being challenged is dated 11/05/2014. There were 3 treatment reports provided from 06/05/2014, 10/14/2014, and 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Goodman and Gill mans The

Pharmacological Basis of Therapeutics, 12th Ed Mc Graw Hill 2010, Official Disability Guidelines (ODG), Workers Compensation Drug, Formulary, www.odg-twc.com/formulary.htm drugs .com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Lidocaine Page(s): 56, 57 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm® (lidocaine patch).

Decision rationale: The patient presents with chronic cervical spine pain and right distal ulnar pain. The request is for Lidoderm patch. The patient has been using Lidoderm patches as early as 10/14/2014. The provider does not provide any reasoning regarding the request of Lidoderm patch. MTUS Guidelines page 57 states, "topical lidocaine maybe recommended for localized peripheral pain after there has been evidence in every trial of first line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). MTUS page 112 also states, "lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short term use with outcome, documenting pain and function. The provider does not indicate where these patches will be applied to or if they will be used for neuropathic pain. The patient has chronic cervical spine pain and right distal ulnar pain. She has moderate to severe bilateral trapezius tightness/spasm, a restricted range of motion, hypersensitive neck, and hypersensitive bilateral arms. The patient has positive clonus on both sides, tenderness/pain across the right trapezius and right cervical facet joints. She has increased swelling in her neck and a positive edema in the trapezius. In this case, the provider does not document any peripheral pain that is neuropathic and localized. Therefore, the requested Lidoderm patches are not medically necessary.