MAXIMUS Federal Services

Case Number:	CM14-0205238		
Date Assigned:	12/17/2014	Date of Injury:	01/03/2013
Decision Date:	02/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 56-year-old female who reported an injury on 01/03/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms, cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, right shoulder internal derangement, left ankle internal derangement, medication induced gastritis, right medial epicondylitis and diabetes mellitus, type 2. Past medical treatment consists of epidural steroid injections, cervical epidural steroid injections, physical therapy, stretching exercises and medication therapy. Medications consist of Motrin 800 mg, Prilosec 20 mg, Norco 10/325, and Lidoderm 5% patches. Diagnostics include an MRI of the left ankle that was performed on 01/20/2013, which revealed partial thickness anterior tibial fibular ligament and 1st metatarsophalangeal arthritis. Cervical spine MRI performed on 01/31/2013 revealed multilevel disc disease. There was a 2 mm disc bulge with associated facet arthropathy and bilateral neural foraminal stenosis at C6-7, C5-6, C4-5, and C3-4. Lumbar spine MRI performed on 01/31/2013 revealed multilevel disc disease; at L5-S1, there was a 1.77 mm disc protrusion with associated facet arthropathy and bilateral neural foraminal stenosis; at L4-5, there was a 3.5 mm disc bulge with annular tear with associated facet arthropathy and bilateral neural foraminal stenosis; L3-4, there was a 2.6 mm disc bulge with associated facet arthropathy and bilateral neural foraminal stenosis. On 12/17/2013 the injured worker complained of pain in her lower back, which radiated down both extremities. Physical examination revealed tenderness to palpation bilaterally, with increased muscle rigidity. Medical treatment plan is for the injured worker to undergo management therapy, such as ongoing stretching, physical therapy, NSAIDs, and/or muscle relaxants. The provider also feels injections are necessary to maintain function and help

decrease medication use until injections are given. No Request for Authorization form was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: 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 (Lidocaine Patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm 5% patch #30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state Lidoderm is the brand name for a lidocaine patch produced by [redacted]. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to MTUS guidelines, Lidocaine is recommended to patients with a diagnosis of radiculopathy. The submitted documentation dated 12/17/2014 indicated that the patient was taking Motrin, Prilosec, and Norco. However, in progress note dated 02/28/2014, it was noted that the patient had trailed and failed Sumatriptan 50mg, Gabapentin 250/125mg, and Cyclobenzaprine. Physical examination dated 12/17/2014, revealed tenderness to palpation bilaterally, with increased muscle rigidity. It was also noted that the injured worker had a diagnosis congruent with the above guidelines. Given the above, the injured worker is within the California MTUS recommended guideline criteria. As such, the request is medically necessary.