

Case Number:	CM14-0032729		
Date Assigned:	04/18/2014	Date of Injury:	02/29/2012
Decision Date:	04/17/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/13/2014

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 30 year old female, who sustained a work related injury on 2/29/12. The diagnoses have included cervical radiculopathy and cervical pain. Treatments to date have included physical therapy with much benefit, MRI cervical spine 2/18/13, EMG/NCS studies upper extremities dated 2/25/13, TENS unit therapy and ice packs. In the PR-2 dated 11/6/13, the injured worker complains of increased neck pain and pain that radiates down the right arm. She also complains of mid back pain. She states the medications are "working well." She rates the pain a 5/10 with use of Lidoderm patches and a 9/10 without them. She is able to perform activities of daily living with less pain using the Lidoderm patches. She completed physical therapy and obtained good results from it. Cervical range of motion is restricted with flexion to 30 degrees and extension is limited to 20 degrees due to pain. She has tenderness to palpation of cervical spine musculature with tightness, spasm and trigger point areas. The treatment plan is to request authorization of medication refills of Nucynta, Neurontin and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH, #30: Upheld

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

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, Lidoderm 5% patches #30 are 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 injured workers working diagnoses are cervical radiculopathy; cervical pain; shoulder pain; medial epicondylitis; and wrist pain. Subjectively, the injured worker complains of neck pain, neck pain radiating from the neck down the right arm and mid back pain. The injured worker's pain level is increased since the last visit. There is no documentation evidencing objective functional improvement. According to a December 26, 2012 progress note, the documentation indicates Lyrica was started concurrently with Lidoderm patches. In a November 6, 2013 progress note, Neurontin was added to the drug regimen. Lyrica was discontinued but was not specifically stated in that progress note. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation in the record antidepressants and anticonvulsants were started prior to Lidoderm. Moreover, as noted above, Lidoderm was started concurrently with Lyrica and then Neurontin. There is no documentation of a Lidoderm trial in the medical record spanning four weeks. Subjectively, the injured worker in the November 6, 2013 progress note has continued complaints of neck pain, and neck pain radiating from the neck down to the right arm. The pain level is increased; however, there is no VAS pain score. There is no documentation in the medical record evidencing objective functional improvement. The documentation does not state the anatomical regions to apply Lidoderm. Consequently, absent documentation with objective functional improvement and evidence of failure of first-line neuropathic medications (AED's improvement and evidence of failure of first-line neuropathic medications (AED's and antidepressants), Lidoderm 5% patches #30 are not medically necessary.