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| Case Number: | CM15-0009544 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 11/27/2007 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male, who sustained an industrial injury on November 27, 2007. His diagnoses include cervical degenerative disc disease, cervical radiculopathy, cervical spine stenosis, and postlaminectomy syndrome. He has been treated with magnetic resonance imaging (MRI) of the cervical spine, home exercise program, activity modifications, and non-steroidal anti-inflammatory, anti-epilepsy, and topical pain medications. On 12/30/2014, his treating physician reports neck pain with increased numbness and tingling in the left upper extremity. The numbness and tingling now involves the entire hand and forearm, and remains worse on the ulnar side of the hand. Current the injured worker is treated with non-steroidal anti-inflammatory, anti-epilepsy, and topical pain medications, which provide mild relief. The physical exam revealed 50% decreased cervical range of motion, tenderness to palpation of the left trapezius, normal strength with left grip and intrinsic, decreased sensation in the left cervical 5-thoracic1 dermatome, decreased deep tendon reflexes of the upper and lower extremity, negative bilateral Hoffman's, and positive left Spurling's. The symptoms are relieved with traction and shoulder abduction. The treatment plan includes a new magnetic resonance imaging (MRI) since his condition has acutely worsened, steroid medication, and holding the non-steroidal anti-inflammatory medication. On January 12, 2015 Utilization Review non-certified a prescription for Lidoderm patches, noting the lack of objective evidence of functional benefit from the medication. There is a lack of documentation of failure of first line medication treatment such as antidepressant and anticonvulsant medications, and no of intolerance to oral

pain medication. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

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.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch is not medically necessary.