

Case Number:	CM15-0130374		
Date Assigned:	07/16/2015	Date of Injury:	11/09/1998
Decision Date:	08/13/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old male who sustained an industrial injury on November 9, 1998, incurring neck and low back pain from repetitive motion. He was diagnosed with cervical degenerative disc disease and chronic low back pain. He underwent a cervical spine fusion in 2000. Treatment to date has included medications, cervical facet blocks and work restrictions. The physician progress note dated June 16, 2015 noted the injured worker complained of persistent neck, back pain and paresthesias into his right arm. His pain level was rated a 6 out of 10 on a pain scale of 0 to 10. On exam there was pain over the cervical joints and positive cervical facet maneuvers. There was tenderness over the lumbar paraspinal regions. The treatment plan that was requested for authorization included a prescription for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical analgesics Page(s): 56-7, 111-13.

Decision rationale: Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Additionally, use of Lidoderm is recommended only after trial of first-line therapy with medications such as tricyclic antidepressants, SRNI antidepressants or antiepileptic drugs. This patient has chronic pain and is presently taking a SRNI medication yet he still has significant pain. He is also taking opioid medications. However, there is inadequate documentation that the patient has neuropathic pain. Even though for the last month the patient complains of arm paresthesias, multiple medical records have documented a normal neurologic exam. At this point in the care of this patient, there is no indication for use of topical lidocaine. Medical necessity has not been established.