

Case Number:	CM15-0134110		
Date Assigned:	07/22/2015	Date of Injury:	03/04/2014
Decision Date:	08/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old male with a March 4, 2014 date of injury. A progress note dated June 5, 2015 documents subjective complaints (neck pain; back pain; headache; hand pain, numbness and tingling' finger pain, numbness and tingling; leg pain, numbness and tingling; foot pain, numbness and tingling; arm pain, numbness and tingling; pain rated at a level of 5/10; pain level is 7/10 at its worst and 3/10 at its best), and objective findings (limited range of motion of the neck; pain with pressure over the facet processes on the left at about C3-4; pain of the bilateral rhomboid muscles; palpable spasm in the superior trapezius, middle trapezius, and rhomboid muscles). Diagnoses were noted in the medical record to include cervical myofascial strain, cervical disc bulges, and bilateral carpal tunnel syndrome. Treatments to date have included cervical spine surgery, physical therapy, massage therapy, medications, and imaging studies. The treating physician documented a plan of care that included Lidocaine (Lidoderm) patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine (lidoderm) 5% 700mg 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 (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in March 2014 and underwent a multilevel anterior cervical decompression and fusion in December 2014. He was seen for an initial evaluation by the requesting provider on 06/05/15. He was having radiating neck pain. He was having numbness and tingling in the upper extremities. His pain was rated at 5/10. Medications included Celebrex. Physical examination findings included decreased cervical spine range of motion. There was pain over the rhomboid muscles. He had normal strength and sensation. Recommendations included a trial of Lidoderm. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.