

Case Number:	CM15-0134174		
Date Assigned:	07/22/2015	Date of Injury:	03/22/2014
Decision Date:	08/26/2015	UR Denial Date:	07/07/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female patient who sustained an industrial injury on 03/22/2014. The worker was employed as a nurse caring for a psychiatric client who grabbed her by the hair and took her down to the ground resulting in injury. A recent primary treating office visit dated 06/30/2015 reported the patient with subjective complaint of neck pain that radiates to bilateral upper extremities accompanied by parasthesia's to all fingers and weakness. The patient did receive authorization to receive a cervical epidural injection but declined. She states utilizing Lidoderm patches with benefit. She also states she retired in December 2014 and is having some challenges adjusting. She is also now experiencing anxiety and emotional upset secondary to injury and pain. Current medications are lidocaine Topical %5 film; Tylenol ES; Ibuprofen. The assessment found the patient with cervical disc radiculitis; degeneration of cervical disc, and neck pain. There is recommendation to participate in acupuncture session, attend a rehabilitation program and follow up. A follow up dated 01/27/2015 reported no change in medication regimen, subjective complaint, objective data or treating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Topical Film 5%, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 57, 112.

Decision rationale: The 59-year-old patient complains of neck pain that radiates to bilateral upper extremities along with numbness and tingling in all the fingers, as per progress report dated 06/30/15. The request is for LIDODERM TOPICAL FILM 5%, QTY: 60. There is not RFA for this case, and the patient's date of injury is 03/22/14. Diagnoses, as per progress report dated 06/30/15, included cervical discopathy with radiculitis, degeneration of cervical disc, and neck pain. Medications included Lidocaine patches, Lisinopril, Tylenol, and Ibuprofen. As per psychiatry report dated 06/09/15, the patient has anxiety, depression and pain disorder. The patient has retired, as per progress report dated 06/30/15. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as pregabalin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (chronic)' and topic 'Lidoderm (lidocaine patch)', it specifies that epidermal patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient has been using the Lidocaine patch for pain relief at least since 01/27/15. In progress report dated 06/30/15, the treater states that "she has been using Lidoderm patches to help with the pain and finds it beneficial when she uses it." The treater, however, does not document efficacy in terms of improvement in function. Additionally, there is no diagnosis of neuropathic pain for which Lidoderm is indicated. Hence, the request is not medically necessary.