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| Case Number: | CM15-0142643 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 12/14/2013 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 07/22/2015 |

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 53 year old woman sustained an industrial injury on 12-14-2013. The mechanism of injury is not detailed. Evaluations include an undated cervical spine MRI. Diagnoses include cervical degenerative disc disease, cervical radiculitis, and cervical spinal stenosis. Treatment has included oral and topical medications. Physician notes dated 5-28-2015 show complaints of chronic right neck and shoulder pain. Recommendations include trigger point injections, surgical consultation, Tizanidine, Lidoderm film, Voltaren gel, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 1 patch every 24 hours #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized

controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Lidocaine is 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 or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant was on Lidoderm along with topical Voltaren and oral Tramadol. Combined use of multiple analgesics is not supported by evidence. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.