

Case Number:	CM15-0165846		
Date Assigned:	09/03/2015	Date of Injury:	06/08/2003
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This injured worker is a 66 year old female, who reported an industrial injury on 6-8-2003. Her diagnoses, and or impression, were noted to include: cervical disc displacement; brachial neuritis; post lumbar decompression, fusion and revision decompression; post removal of hardware in the lower back (3-2009); multi-level cervical spondylosis and disc collapse; cervical disc bulges; status-post cervical "ACDF" (3-31-11); thoracolumbar disc herniations with foraminal stenosis and facet arthropathy; and moderate right carpal syndrome. Recent magnetic resonance imaging studies of the lumbar spine were done on 2-19-2015; the cervical spine on 4-16-2015. Her treatments were noted to include: a functional capacity evaluation on 1-20-2015; electrodiagnostic studies on 3-18-2015 & 5-13-2015; medication management; and rest from work. The progress notes of 8-5-2015 reported a follow-up visit for complaints of pain and swelling on her ear, and a rash on her left trapezial region that was sensitive and occasionally painful. Objective findings were noted to include: vision changes and headaches; tenderness and myospasms in the cervical region, with 50% restricted range-of-motion in the neck, and slight erythematous rash in the left trapezial region and regions of the left ear; and an antalgic gait with difficulty rising from a seated position, and a 50% decrease in lumbar range-of-motion. The physician's requests for treatments were noted to include the addition of Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The 66 year old patient presents with multilevel cervical spondylosis with disc prolapse at C7-T1; adjacent segment disease at L2-3 with central canal stenosis, severe foraminal stenosis, and facet arthropathy; T12-L1 disc herniation with foraminal stenosis and facet arthropathy; and moderate right carpal tunnel syndrome; as per progress report dated 08/05/15. The request is for LIDODERM PATCH 5% # 30. The RFA for this case is dated 08/05/15, and the patient's date of injury is 06/08/03. The patient is status post L3-4 and L4-5 decompression, status post L3-5 anterior posterior fusion and revision decompression on 03/21/08, status post removal of lower back hardware in March, 2009, and status post C3-4 and C4-5 ACDF on 03/31/11, as per progress report dated 08/05/15. Medications included Norco and Lidoderm patch. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section states, "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 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 Lidoderm 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, a prescription for Lidoderm patch is only noted in progress report dated 08/05/15. This appears to be the first prescription for this medication. The patient has been diagnosed with moderate right carpal tunnel syndrome for which the Lidoderm patch is indicated. The treater, however, states that the patch will be applied to the affected area, but does not specify the body part. MTUS only supports the use of Lidoderm patch for localized peripheral neuropathy. The reports lack the documentation required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.