

Case Number:	CM15-0181617		
Date Assigned:	09/22/2015	Date of Injury:	04/20/1999
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

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:

The injured worker is a 64-year-old female, who sustained an industrial injury on 4-20-99. The documentation on 8-13-15 noted that the injured worker has complaints of back and neck pain. There is tenderness to palpation lumbar paraspinous musculature, bilateral erector spinae right greater than left and limited range of motion due to pain. Magnetic resonance imaging (MRI) of the cervical spine on 4-16-12 showed anterior fixation hardware artifact anteriorly at C4-5 with mature interbody fusions at C4-5 through C6-7 and chronic degenerative disc disease at C7-T1 without stenosis. Magnetic resonance imaging (MRI) of the lumbar spine on 9-13-10 showed there is a 5 millimeter right posterolateral disk protrusion and extrusion at L1-L2 level encroaching into the right neural foramen with marked narrowing of the right neural foramen. The diagnoses have included sprain of lumbar; pain in joint involving shoulder region; cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy and post laminectomy cervical. Treatment to date has included cervical fusion and 2 re-operation in (2004, 2006 and 2010); three right shoulder surgeries (2001, 2005 and 2013); multiple injection in the neck and back; physical therapy for neck and shoulder only after surgery; Oxycodone; Trazodone; Oxycodone; Amitriptyline; Ibuprofen; Lansoprazole and Lidoderm patch; left sided L3, 4, 5 medial branch block on 8-6-14 provided 80 percent relief for 10 days; left L3, 4, 5 radiofrequency neurotomy on 10-16-14 with initial 100 percent relief for 2 weeks and left L 2, 3, 4, 5 radiofrequency neurotomy on 12-9-14 and reports 40 to 50 percent relief of axial back pain on the left side and increased range of motion. The original utilization review (8-22-15) non-certified the request for Lidoderm (Lidocaine patch) #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine patch) #90: 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), Topical Analgesics.

Decision rationale: The claimant has a cumulative trauma work injury with date of injury in April 1999 and continues to be treated for chronic back pain. Treatments have included three cervical spine and three right shoulder surgeries. He has undergone multiple neck and back injections and had therapy after his surgeries. When seen, there had significant pain after left-sided radiofrequency neurotomy done in July 2015. She was taking additional Oxycodone. She was benefiting from cognitive behavioral therapy. Physical examination findings included lumbar paraspinal tenderness with decreased and painful range of motion. Medications were refilled. Topical medications were Flector and Lidoderm. Topical Lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments in a non-patch formulation that could be considered. Lidoderm is not medically necessary.