

Case Number:	CM15-0182955		
Date Assigned:	09/23/2015	Date of Injury:	04/17/2002
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency Medicine

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 43 year old female, who sustained an industrial injury on 4-17-02. The injured worker was diagnosed as having bilateral shoulder impingement status post left shoulder arthroscopy, status post anterior cervical discectomy and fusion with upper extremity radiculopathy, right carpal tunnel syndrome, left De Quervain's syndrome, status post left carpal tunnel release, left shoulder impingement syndrome, status post C5-6 and C6-7 anterior cervical discectomy and fusion, status post revision fusion of pseudoarthrosis at C5-6 and C6-7, and status post C4-5 and anterior cervical discectomy, fusion, and removal of plate. Treatment to date has included multiple cervical spine surgeries, a home exercise program, acupuncture, and medication including Tylenol #3 and Gabapentin. Physical examination findings on 8-5-15 included midline cervical tenderness, spasm, and tightness. Cervical spine range of motion was painful and reduced. Extension caused upper extremity weakness and radiculopathy. On 4-22-15, neck pain was rated as 6 of 10. Currently, the injured worker complains of pain in the cervical spine with bilateral upper extremity radiculopathy. The treating physician requested authorization for Lidoderm patches 5% #60 with 4 refills. On 8-31-15, the request was non-certified; the utilization review physician noted, "There is no documentation of exhausted failed trials of first line recommended antidepressants and anticonvulsants noted."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60 with 4 refills: 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: As per MTUS chronic pain guidelines, Lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as such as radicular or spinal pain. Guidelines recommend lidocaine as an option after failure of first line medications. Patient is still on gabapentin and there is no other documentation of first line medication failure or a successful trial with lidocaine. This prescription with multiple refills is not appropriate as it would give patient months of unmonitored medications which do not meet MTUS guidelines concerning monitoring and reporting. Lidoderm is not medically necessary.