

Case Number:	CM15-0185285		
Date Assigned:	09/25/2015	Date of Injury:	05/20/2015
Decision Date:	11/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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 41 year old female who sustained an industrial motor vehicle accident injury on 05-20-2015. Right neck (shoulder) laceration was sutured and initial diagnostic tests were negative for fracture, dislocations and acute pathology. The injured worker was diagnosed with cervical strain and right shoulder pain. According to the treating physician's progress report on 09-04-2015, the injured worker continues to experience numbness and tingling in the right arm. Examination demonstrated tenderness to palpation of the cervical paraspinal muscles and spasm with painful range of motion on extension and rotation. Deep tendon reflexes and motor strength were within normal limits of the right upper extremity with mild light touch changes in the right arm compared to the left arm. Prior treatments included diagnostic testing with cervical spine magnetic resonance imaging (MRI) performed on 08-20-2015 indicating a right posterolateral discogenic C5-C6, physical therapy (12 sessions complete) and medications. Current medications were listed as Hydrocodone, Ibuprofen, Cyclobenzaprine and Tylenol ES. The injured worker may continue full time work with restrictions. Treatment plan consists of additional physical therapy, transforaminal cervical epidural steroid injection (ESI) and the current request for Lidocaine 5% (700mg) #60, 30 day supply and 0 refills. On 09-11-2015 the Utilization Review determined the request for Lidocaine 5% (700mg) #60-30-0 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% (700mg) #60/30/0: 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 requested Lidocaine 5% (700mg) #60/30/0, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has numbness and tingling in the right arm. Examination demonstrated tenderness to palpation of the cervical paraspinal muscles and spasm with painful range of motion on extension and rotation. Deep tendon reflexes and motor strength were within normal limits of the right upper extremity with mild light touch changes in the right arm compared to the left arm. Prior treatments included diagnostic testing with cervical spine magnetic resonance imaging (MRI) performed on 08-20-2015 indicating a right posterolateral discogenic C5-C6, physical therapy (12 sessions complete) and medications. Current medications were listed as Hydrocodone, Ibuprofen, Cyclobenzaprine and Tylenol ES. The treating physician has not documented physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine 5% (700mg) #60/30/0 is not medically necessary.