

Case Number:	CM15-0196325		
Date Assigned:	10/09/2015	Date of Injury:	03/21/2002
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 59 year old female who sustained an industrial injury on 03-21-2002. Medical records indicated the worker was treated for low back, neck, right knee and left hand injuries. She is now status post anterior C5-6 and C6-7 microdiscectomy and bilateral micro foraminotomies, C5-6 and C6-7 arthrodesis instrumentation using PEEK cages x2, packed within situ autograft and screws x4 (06-24-2015)status post C3-4 ACDF (anterior cervical discectomy with fusion) in 2011. In the provider notes (09-17-2015) the injured worker complains of chronic neck pain. Her neck pain had improved over 50% and increased in range of motion after the surgery as well. Medication management was continued for acute flare ups. Tramadol, Lidoderm and Celebrex were prescribed for her pain and flare ups. A request for authorization was submitted for Lidoderm patch 5% #60. A utilization review decision 09-29-2015 non- certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60: Upheld

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

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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). This 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 the exam note from 9/17/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Therefore the request is not medically necessary and non-certified.