

Case Number:	CM15-0200839		
Date Assigned:	10/15/2015	Date of Injury:	08/19/2002
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female who sustained an industrial injury August 19, 2002. Past history included cervical epidural injection December 2014, right intra-articular shoulder injection January 2015, with a 50% reduction in pain, lasting for months (not specific). According to a treating physician's office visit dated September 10, 2015, the injured worker presented with complaints of neck pain with radiculopathy to the right arm-hand and scapula and pain in the right shoulder and back, rated 6 out of 10. She also reported stiffness and tenderness in the neck, weakness in the right arm, muscle spasms, numbness and tingling. She reports difficulties due to pain with bathing and showering, dressing, preparing food, toileting, transfers, care of others and pets, shopping exercise, hobbies, and sleeping. She was last seen by this office for a medication refill June 19, 2015. Current medication included Zolpidem, Topiramate, Percocet, Carisoprodol, Nuvigil, Lidocaine patches (since at least June 19, 2015), Tramadol and ibuprofen. Most recent urine drug screen and updated and signed pain contract was documented as June 19, 2015. Physical examination; neck- limited range of motion, stiff tender, spasms with palpation; lumbar- normal range of motion with pain and tenderness; gait normal; straight leg raise negative bilaterally. Diagnoses are degenerative cervical intervertebral disc; pain in joint, shoulder region; unspecified myalgia and myositis; degenerative lumbar intervertebral disc; insomnia. At issue, is the request for authorization for Lidocaine patches. According to utilization review dated October 1, 2015, the request for Topiramate 100mg #60 is certified. The request for Lidocaine patches 5% #90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The request for Lidocaine patches 5% #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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). 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. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patch 5% is not medically necessary.