

Case Number:	CM15-0206778		
Date Assigned:	10/23/2015	Date of Injury:	03/30/2013
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 3-30-2013. The medical records indicate that the injured worker is undergoing treatment for cervical disc bulge, cervical spondylosis, degeneration of cervical disc, and cervical spine kyphosis. According to the progress report dated 8-28-2015, the injured worker states that her neck is feeling better since the cervical epidural injection performed on 8-25-2015. She notes slight pain. She denies radicular arm pain, numbness, and tingling. The physical examination of the cervical spine reveals spasm in the trapezius musculature and slightly restricted range of motion. The current medications are Motrin and Lidoderm patch (since at least 6-16-2015). Previous diagnostic studies include electrodiagnostic testing and MRI studies. Treatments to date include medication management, physical therapy, and epidural steroid injection (90% relief). The original utilization review (10- 7-2015) had non-certified a request for Lidoderm 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, 1 patch 12 on and 12 hours off, #30: 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: The patient was injured on 03/30/13 and presents with neck pain. The request is for Lidoderm patch 5%, 1 patch 12 on and 12 hours off, #30. There is no RFA provided and the patient's current work status is not provided. The patient has been using these patches as early as 07/24/15. MTUS Guidelines, Lidoderm (lidocaine patch) section, page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has spasm in the trapezius musculature and a restricted range of motion. She is diagnosed with cervical disc bulge, cervical spondylosis, degeneration of cervical disc, and cervical spine kyphosis. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Furthermore, review of the reports provided does not indicate how Lidoderm patches have impacted the patient's pain and function. The requested Lidoderm patch is not medically necessary.