

Case Number:	CM15-0208629		
Date Assigned:	10/27/2015	Date of Injury:	06/06/2011
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 51 year old female who sustained an industrial injury on June 6, 2011. Medical records indicated that the injured worker was treated for neck pain. Her medical diagnoses include post laminectomy syndrome, status post cervical fusion, pseudoarthrosis and cervical stenosis. In the provider notes dated from August 19, 2015 to September 6, 2015 the injured worker complained of ongoing pain in the back of her neck. She is managing her pain with percocet and would like to wean off pain medication. She is wearing a neck collar. She complained of right arm pain. The documentation states "cervical spine x rays obtained today show intact hardware and grafts, no signs of loosening." On exam, the documentation stated that "neck has anterior and posterior incision healing well. Mild maceration of the superior aspect of the posterior incision. She has erythema around the incision, no drainage." Bilateral sensation and strength is intact. The treatment plan is MRI with contrast of the neck, Lidoderm patches, home nurse for daily dressing changes and wean off of neck collar. A Request for Authorization was submitted for Lidoderm patches 5% topical analgesic. The Utilization Review dated September 23, 2015 denied the request for Lidoderm patches 5% topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% topical analgesic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. There was no documented improvement in function with the use of Lidoderm. Therefore, the request is not medically necessary.