

Case Number:	CM15-0209695		
Date Assigned:	10/28/2015	Date of Injury:	07/01/2014
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female who sustained an industrial injury on 7-1-14. A review of the medical records indicates she is undergoing treatment for pain in elbow, cervical disc disorder with myelopathy, and radiculopathy of the cervical region. Medical records (8-12-15, 9-2-15, and 10-7-15) indicate ongoing complaints of neck pain that radiates to bilateral arms. She also complains that her sleep is poor. The physical exam (10-7-15) reveals restricted range of motion in the cervical spine. Tenderness and tight muscle band is noted bilaterally of the paravertebral muscles. Cervical facet loading is positive on both sides. Tenderness to palpation is noted over the lateral epicondyle and medial epicondyle bilaterally. Tinel's sign is negative. Motor strength is noted to be "5 out of 5" in bilateral upper extremities. Sensory examination is decreased over the right lateral upper arm and lateral forearm on the right side. Diagnostic studies have included an MRI of the cervical spine and an EMG-NCV study of bilateral upper extremities. Treatment has included physical therapy, acupuncture, medications and a cervical epidural steroid injection. Her medications include Oxycodone, Norco, Sonata, and Lidoderm 5% patch. She has been receiving Lidoderm patches since, at least, 8-12-15. The utilization review (10-14-15) includes a request for authorization of Lidoderm 5% patch #30. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 10/7/15): Lidoderm 5% patch #30: 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.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.