MAXIMUS Federal Services

Case Number:	CM15-0211306		
Date Assigned:	10/30/2015	Date of Injury:	04/17/2013
Decision Date:	12/11/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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:

This is a 33 year old female with a date of injury on 4-17-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and lower back pain. Progress report dated 9-24-15 reports complaints of increased neck pain by 50 percent after returning to full duty work last month. The pain is in the posterior shoulder and posterior neck with spasms present. Objective findings: cervical spine range of motion is limited with palpable spasm, Spulings test positive and bilateral upper extremities are neurovascularly intact. MRI of cervical spine 3-19-15 revealed early degenerative disease and slight reversed cervical curvature, otherwise negative MRI. Treatments include: medications, physical therapy, chiropractic, and acupuncture. Request for authorization dated 9-24-15 was made for Lidoderm 5 percent patch Qty 60 with 2 refills. Utilization review dated 10-20-15 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 5% patch Qty 60 with 2 refills: 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): 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 9/24/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Therefore, the request is not medically necessary and non-certified.