

Case Number:	CM15-0211742		
Date Assigned:	10/30/2015	Date of Injury:	11/24/2012
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/28/2015

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 35 year old female, who sustained an industrial injury on 11-24-12. Medical records indicate that the injured worker is undergoing treatment for neck pain, low back pain, chronic post-traumatic headache and post-concussion syndrome. The injured worker is currently not working. On (10-13-15) the injured worker complained of headaches, neck and low back pain. The injured worker was noted to be pregnant. The pain was rated 7 out of 10 on the visual analog scale. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles with tight muscle bands noted bilaterally. Spinous process tenderness was also noted. A straight leg raise test was negative. A FABER's (flexion, abduction, and external rotation) was positive on the right. Cervical spine examination revealed a full but guarded and painful range of motion. Spinous process tenderness was noted on cervical six and cervical seven. Tenderness was also noted over the rhomboids and trapezius muscles. Treatment and evaluation to date has included medications, transcutaneous electrical nerve stimulation unit and physical therapy. Current medications include Tylenol ES and Norco. The injured worker stopped all other medications at the advice of her obstetrician due to being pregnant. The treating physician recommended Lidoderm patches for pain control. The current treatment request is for Lidoderm 5% patches #60. The Utilization Review documentation dated 10-21-15 non-certified the request for Lidoderm 5% patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: 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), Topical Analgesics.

Decision rationale: The current request is for LIDODERM 5% PATCH #60. Treatment and evaluation to date has included medications, transcutaneous electrical nerve stimulation unit and physical therapy. The patient may return to modified duty. MTUS Guidelines pages 56 and 57, Lidoderm (Lidocaine patch) section states, "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)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, Pain (Chronic) chapter regarding Lidoderm (Lidocaine patch), it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." Per report 10/13/15, the patient presents with headaches, neck and low back pain. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles with tight muscle bands noted bilaterally. Cervical spine examination revealed a full but guarded and painful range of motion. Tenderness was also noted over the rhomboids and trapezius muscles. Current medications include Zanaflex, Tylenol ES and Norco. The patient was instructed by her obstetrician to stop these medications due to being pregnant. The treating physician recommended Lidoderm patches for pain control. In this case, the patient presents with neck and low back pain, not with localized peripheral neuropathic pain for which Lidoderm patches are indicated for. MTUS does not support the use of Lidoderm patches for axial low back or neck pain. Therefore, the request IS NOT medically necessary.