

Case Number:	CM15-0212859		
Date Assigned:	11/02/2015	Date of Injury:	04/12/2003
Decision Date:	12/21/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, California
 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 55 year old male with an industrial injury dated 04-12-2003. A review of the medical records indicates that the injured worker is undergoing treatment for pain in shoulder joint, pain in thoracic spine, pain in lower leg joint, lumbar lumbosacral degenerative disc disease, and neck pain. According to the progress note dated 08-17-2015, the injured worker reported chronic neck, back and upper extremity pain. The injured worker reported no acute changes to his condition. Pain level was 4-5 out of 10 with medication and a 9-10 out of 10 without medication on a visual analog scale (VAS). Pain rating score was unchanged from previous visits on 07-21-2015 and 06-23-2015. The injured worker reported that he was able to walk better, exercise better and perform activities of daily living with less pain. Current medications include Lidoderm 5% patch (since at least June of 2015), Capsaicin 0.0755 cream, Viagra, Bisacodyl, Diclofenac Sodium, Mirtazipine-Remeron, Glucosamine Chondroitin, Fentanyl patches, Tramadol, Centrum, and Naproxen. Other medication list includes Gabapentin, Topamax, and Venlafaxine. Objective findings (08-17-2015) revealed tenderness to palpitation of the lumbosacral junction, decreased range of motion with flexion, mild crepitus of left knee with range of motion. Treatment has included MRI of left brachial plexus, MRI Cervical Spine, Upper extremity Electromyography (EMG), MRI of the left shoulder, prescribed medications, transcutaneous electrical nerve stimulation (TENS) and periodic follow up visits. The treating physician reported that the urine drug screens and DEA cures report have been consistent with the medication prescribed from office. The injured worker is permanent and stationary with permanent disability. The patient sustained the injury due to MVA. The patient had used a TENS

unit for this injury. The patient's surgical history include left knee surgery in 2006 and left shoulder surgery in 2009. Per the note dated 9/22/15 the patient had complaints of pain in neck, back and upper extremity with radiation of pain and numbness and tingling at 4-9/10. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion and negative SLR. The patient has had MRI of the cervical spine in 2011 that revealed disc protrusions, and degenerative changes; EMG of upper extremity on 2011 was normal. The patient had received an unspecified number of acupuncture and PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidoderm 5% patch x 60 with 6 refills with a dos of 8/17/2015: 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: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Per the cited guidelines, "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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Topical lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin, Topamax and Venlafaxine. The detailed response of these medications was not specified in the records provided. Intolerance or contraindication to oral medications is not specified in the records provided. The medical necessity of the request for medication Retro Lidoderm 5% patch x 60 with 6 refills with a dos of 8/17/2015 is not fully established.