

Case Number:	CM15-0213441		
Date Assigned:	11/03/2015	Date of Injury:	08/01/2000
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
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: 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 8-1-2000. The injured worker is diagnosed with post cervical laminectomy syndrome, cervical radiculitis, lumbosacral radiculitis, lumbar intervertebral disc degeneration, osteoarthritis, neck pain, low back pain, muscle spasms and headache. A note dated 9-17-15 reveals the injured worker presented with complaints of neck pain described as aching, throbbing and pounding. The pain is increased with neck movement and reading and alleviated with lying down, ice and medication. He reports severe back pain described as aching, throbbing and burning. The pain is increased with prolonged sitting and walking and improved with massage, topical cream, ice and medication. His pain is rated at 8-9 out of 10. A physical examination dated 9-17-15 revealed moderate to severe pain and difficulty sitting for greater than 5 minutes. Cervical spine range of motion is decreased and causes pain, there is tenderness to palpation over the bilateral lower cervical facets, and "myospasms are palpated in the bilateral trapezius and paraspinal with a referred pain pattern and a positive twitch response". The lumbar spine range of motion is decreased and causes pain and elicits feeling faint. The injured worker has a history of internal bleeding and is unable to take non-steroidal anti-inflammatory medications. Treatment to date has included medications; Percocet, OxyContin and Lidocaine patch (9-2015) and Soma, Xanax and Endocet are prescribed from another provider; lumbar injections were not beneficial per note dated 9-17-15; walker (post-left knee surgery) and cervical spine surgeries (x3). Diagnostic studies include MRI and upper extremity electrodiagnostic study was abnormal per physician

note dated 9-17-15. A request for authorization dated 9-25-15 for Lidoderm patch 5% #30 is non-certified, per Utilization Review letter dated 10-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, Qty 30: Upheld

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

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 9/17/15 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.