

Case Number:	CM15-0217646		
Date Assigned:	11/09/2015	Date of Injury:	10/09/2003
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old woman sustained an industrial injury on 10-9-2003. Diagnoses include lumbar spine disc protrusion, Treatment has included oral and topical medications including Lidoderm patches and Medrox patches, H-wave therapy, physical therapy, and chiro-massage. The H-wave therapy, physical therapy, and chiro-massage made the pain worse. Lidoderm helped lesson the pain. Lumbar MRI on 12-15-2014 revealed L3-4 through L5- S1 disc bulges and a L5-S1 annular tear. Physician notes dated 6-18-2015 reported continued complaints of neck and back pain, worse after recent chiro-massage. The physical examination showed decreased cervical range of motion, tightness and tenderness of cervical paraspinal muscles, trapezius muscles, and lumbar paraspinal muscles, negative straight leg raise, and normal upper and lower extremity motor, reflex and sensory exams. Recommendations included stop chiro massage, may consider massage therapy without chiropractic component, continue Lidoderm patches, heat, ice, Medrox patches, restart gentle home exercise program, and follow up in six weeks. Utilization Review denied a request for Lidoderm patches on 10-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #23 boxes, cervical and lumbar spine: 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: Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. This patient has chronic neck and low back pain and a history of degenerative disc disease in her neck and lower back. However, her examination is negative for evidence of neural impingement thus suggesting her pain is nociceptive, not neuropathic. Since this patient does not have neuropathic pain use of lidocaine is not indicated. The request is not medically necessary.