

Case Number:	CM15-0219168		
Date Assigned:	11/12/2015	Date of Injury:	08/23/2000
Decision Date:	12/31/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who sustained an industrial injury on 08-23- 2000. According to the most recent progress report submitted for review and dated 09-21-2015, the injured worker reported sleep walking and eating. She was unsure if it was the Trazodone or the Ambien that was causing it. She reported having increased anxiety since increasing Neurontin. Pain was located in the head, bilateral arms, neck, bilateral shoulders, thoracic spine and bilateral hands. Frequency of pain and spasticity was worsening and was described as sharp, cramping and burning. Pain intensity at least was rated 6 out of 10 in the last month with medications. Average pain was rated 8, and worst pain was rated 9. Without medications the least pain was rated 6, average pain was 8, and worst pain was 10. Medications included Percocet, Soma, Gabapentin, Trazodone, Lidoderm 5% patch to the upper back, EMLA cream, Miralax, Paxil, Premarin, Klonopin, Zyprexa, Synthroid, Provigil, Amitiza, Remeron, Prevacid, Carafate and Ranitidine. Allergies included Demerol, Morphine, Prozac and Inderal. Diagnoses included cervical radiculopathy, brachial neuritis, cervical postlaminectomy syndrome, occipital neuralgia, cervicogenic headache, myofascial pain syndrome, cervicalgia and depression. Authorization was being resubmitted for cervical epidural steroid injection. Prescriptions included Fiorinal-Codeine, Soma, Percocet, Miralax, EMLA cream, Lidoderm 5% patch, Trazodone and Gabapentin. Follow up was indicated in one month. Progress notes submitted for review dated back to 08-14-2015 and showed use of EMLA cream and Lidoderm patches at that time. On 10-08-2015, Utilization Review non-certified the request for EMLA 2.5- 2.5% cream #3 and Lidoderm 1% patch #3. The request for Miralax was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMLA 2.5-2.5% cream, #3: Overturned

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 claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for neck and shoulder pain. In August 2015, medications were causing side effects. She wanted to find non-opioid treatments for her pain. Medications were decreasing pain on average from 8/10 to 4/10. In September 2015, authorization for a cervical epidural injection was being requested. She was having side effects from her medications including sleepwalking and increased anxiety. She had neck, thoracic spine, bilateral shoulder, arm, and hand pain and was having head pain. Physical examination findings included appearing anxious and slightly overweight. Diagnoses were cervical post laminectomy syndrome, occipital neuralgia, cervicogenic headaches, myofascial pain, cervicgia, and depression. Her gabapentin dose was decreased. Medications requested included EMLA cream and Lidoderm. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. EMLA is a mixture of lidocaine and prilocaine. In this case, the claimant is taking gabapentin which is causing side effects. She has localized neck and upper extremity pain that appears amenable to topical treatment. Generic medication is available. The request is medically necessary.

Lidoderm 1% patch, #3: 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), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for neck and shoulder pain. In August 2015 medications were causing side effects. She wanted to find non-opioid treatments for her pain. Medications were decreasing pain on average from 8/10 to 4/10. In September 2015 authorization for a cervical epidural injection was being requested. She was having side effects from her medications including sleepwalking and increased anxiety. She had neck, thoracic spine, bilateral shoulder, arm, and hand pain and was having head pain. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this

treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, EMLA cream is also being prescribed which is duplicative. The claimant sustained. The claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for neck and shoulder pain. In August 2015 medications were causing side effects. She wanted to find non-opioid treatments for her pain. Medications were decreasing pain on average from 8/10 to 4/10. In September 2015 authorization for a cervical epidural injection was being requested. She was having side effects from her medications including sleepwalking and increased anxiety. She had neck, thoracic spine, bilateral shoulder, arm, and hand pain and was having head pain. Physical examination findings included appearing anxious and slightly overweight. Diagnoses were cervical post laminectomy syndrome, occipital neuralgia, cervicogenic headaches, myofascial pain, cervicgia, and depression. Her gabapentin dose was decreased. Medications requested included EMLA cream and Lidoderm. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, EMLA cream which also contained lidocaine is also being prescribed which is duplicative. Lidoderm is not medically necessary.