

Case Number:	CM15-0031862		
Date Assigned:	02/25/2015	Date of Injury:	11/16/2000
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/20/2015

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 67 year old male, who sustained an industrial injury on November 16, 2000. He has reported injury of the head, neck, and back. The diagnoses have included cervical disc degeneration. Treatment to date has included medications, and physical therapy. Currently, the IW complains of neck and back pain. He rates his pain as a 7/10. He reports physical therapy sessions to be helpful. He is noted to have tenderness in the neck region, an abnormal gait, Tinetti score 24/28. Range of motion of the neck is: flexion decreased 50%, extension decreased 90%. Range of motion of the lumbar is: flexion decreased 50%, extension decreased 75%. He has a positive straight leg raise test. On February 18, 2015, Utilization Review non-certified of Lidoderm (Lidocaine HCL) 5%. The MTUS and ODG guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Lidoderm (Lidocaine HCL) 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocain HCL) 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 09/30/14 progress report provided by treating physician, the patient presents with head, neck and back pain rated 8/10. The request is for LIDODERM (LIDOCAIN HCL) 5%. Patient's diagnosis per Request for Authorization form dated 02/13/15 included cervical disc degeneration. Treatments in the past have included TENS unit, massage, exercise program, trigger point injections, psychotherapy and chiropractic. Patient's medications include Lidoderm patches, Norco and Ambien. The patient is permanent and stationary, per treater report dated 01/27/15. MTUS guidelines page 57 states: topical lidocaine may be recommended for localized perioheral 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. Page 112 also states: Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain. When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. Treater has not provided reason for the request, nor indicated what body part would be treated. Patient has been prescribed Lidoderm 5% Patch from 12/03/14 and 02/05/15. There is no documentation of how it is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, the patient does not present with localized, peripheral neuropathic pain, for which this medication is indicated. Therefore, the request IS NOT medically necessary.