

Case Number:	CM15-0031952		
Date Assigned:	02/25/2015	Date of Injury:	07/11/1995
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
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 51-year-old female who sustained a work related injury July 11, 1995. Past history includes s/p C5-6 anterior cervical discectomy and vertebral fusion, s/p C5-6 transpedicular vertebral body fixation, and depressive disorder. According to a periodic office visit dated February 3, 2015, the physician documented the injured worker presenting for neck pain 6.5/10. There are no new problems or side-effects; the quality of sleep is poor. Current medications include Dilaudid, Kadian, Neurontin, Zanaflex, Lidoderm, Senna, Xanax, Wellbutrin XI, and Lexapro. She has ongoing neck pain and radicular symptoms down both arms. Diagnoses included post cervical laminectomy syndrome, carpal tunnel syndrome (both) and cervical radiculopathy. Treatment plan included continuing medications, massage therapy, chiropractic treatment, encouraged to perform home exercises, regular walking and stretching, and consider an H-Wave unit. According to utilization review dated February 6, 2015, the request for Lidoderm 5% patches #30 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rx for Lidoderm 5% Patches #30 between 2/4/2015 and 2/3/2016: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

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: The patient was injured on 07/11/95 and presents with neck pain and radicular symptoms down both arms. The request is for LIDODERM 5% PATCH #30 BETWEEN 02/04/15 AND 02/03/16. The RFA is dated 02/02/15 and the patient is permanent and stationary. The patient has been using Lidoderm patch as early as 07/24/14. MTUS Guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS 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, documenting pain and function. The treater does not indicate where these patches are applied to or if the patient presents with neuropathic condition that is localized. The patient's cervical spine has a restricted range of motion and on examination of the paravertebral muscles, hypertonicity and tenderness is noted on both sides. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms on both sides. There is no documentation of any improvement in pain and function, as required by MTUS page 60. Furthermore, the patient does not have localized neuropathic pain, as required by MTUS guidelines. Therefore, the requested Lidoderm patch IS NOT medically necessary.