MAXIMUS Federal Services

Case Number:	CM15-0041024		
Date Assigned:	03/09/2015	Date of Injury:	09/30/2011
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 64-year-old male who sustained an industrial injury on 09/30/2011. Diagnoses include cervical pain, disc disorder lumbar and cervical spondylosis. Treatment to date has included medications and activity modification. A physician progress note dated 01/26/2015 documents the injured worker has neck pain and neck pain radiating from the neck down, and bilateral upper extremity weakness. Cervical and lumbar range of motion is restricted. There is both cervical and lumbar paravertebral muscle tenderness present. The injured worker has not had Lidoderm patches for the last 4 months and this has caused more burning pain and cramping discomfort. He has tried to compensate with the use of Tylenol and Tiger Balm but notes minimal relief. He is having difficulty sleeping and completing activities of daily living independently. Treatment requested is for Lidocaine pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine pads are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured workers working diagnosis is cervical pain. Subjectively, the injured worker complains of neck pain radiating from the neck down. The documentation is unclear as to whether there is a cervical radicular component to the injured worker's symptoms. Objectively, the sensory exam states patchy light touch in distribution. There are no additional neurologic findings on examination. The documentation does not contain evidence of objective functional improvement. Lidoderm is indicated for localized pain with a neuropathic etiology. There is no definite documentation indicating a neuropathic cause to the injured worker's symptomatology. There is no objective evidence of functional improvement with ongoing Lidoderm. The treating physician states the injured worker has been off Lidoderm patches for the last four months and has been having increased burning pain. Consequently, absent clinical documentation with objective functional improvement with clinical evidence of neuropathic pain, lidocaine pads are not necessary.