

Case Number:	CM15-0043645		
Date Assigned:	03/13/2015	Date of Injury:	01/26/1996
Decision Date:	08/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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 (n) 68 year old male, who sustained an industrial injury on 1/26/96. He reported pain in his neck. The injured worker was diagnosed as having cervical stenosis. Treatment to date has included a cervical laminectomy on 7/1/14, cervical x-rays on 2/19/15 showing neural foraminal stenosis on the right at C6-C7, Motrin, Aleve and Methocarbamol. As of the PR2 dated 2/19/15, the injured worker reports persistent right neck and right trapezial pain which is worse than his pre-operative pain. He rates his pain a 6/10. The treating physician requested Lidoderm patches (1-month supply) x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches (1 month supply) with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

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, Lidoderm patch (one-month supply) with two refills is 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 worker's working diagnoses are cervical stenosis; and status post C3 - C7 laminectomy July 2014. The date of injury is January 26, 1996. The request for authorization is February 20, 2015. According to a progress note dated February 19, 2015, the injured worker has ongoing right neck and trapezius pain. The injured worker takes over-the-counter medications plus Robaxin. The pain score is 6/10. There is no physical examination in the medical record. Lidoderm was prescribed in the treatment plan of the progress note dated February 19, 2015. According to the documentation, the injured worker was taking Motrin and Aleve for symptom relief. There is no documentation of failed first-line treatment with antidepressants or anticonvulsants. There was no documentation indicating over-the-counter medicines were ineffective. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. There was no trial of Lidoderm patch treatments over a four-week timeframe. The treating provider prescribed a one-month supply with two refills. There is no documentation of neuropathic pain. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and evidence of failed first-line treatment, Lidoderm patch (one-month supply) with two refills is not medically necessary.