MAXIMUS Federal Services

Case Number:	CM15-0043932		
Date Assigned:	03/13/2015	Date of Injury:	01/21/2013
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
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
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 54 year old, female patient, who sustained an industrial injury on 01/21/2013. A pain management consultation dated 01/07/2015, reported present complaint of neck pain associated with cervicogenic headaches as well as radiating pain down bilateral upper extremities; left greater. The neck pain is rated an 8 out of 10 in intensity and is aggravated by any bending, twisting or turning movements. She also reports significant headaches, at times, to be debilitating. She also has complaint of lower back pain that radiates down bilateral lower extremities; left greater. This pain is rated a 7 in intensity. She is prescribed Ibuprophen 800mg and Protonix 20mg. Objective findings showed the patient with mild to moderate distress and no sign of over medicated. She moves slowly about the office and has difficulty transitioning from a seated to standing position. Sensation noted decreased along the lateral arm and forearm; approximately the C5-6 distribution bilaterally. There was also tenderness found to palpation of the posterior lumbar musculature bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinals. The patient has decreased range of motion with obvious muscle guarding. Sensation also decreased along the posteriolateral thigh and posterolateral calf, about the L5-S1 distribution bilaterally. The straight leg raise in the modified sitting position is positive at 60 degrees causing radicular symptoms to bilateral lower extremities. There is note of cervical, lumbar radiography and electric nerve conduction study performed. The assessment noted cervical myoligamentous injury with bilateral upper extremity radicular symptom. Right shoulder internal derangement; status post arthroscopic surgery right shoulder 10/2013 and lumbar myoligamentous injury with bilateral

lower extremity radicular symptoms. She has received a single lumbar epidural steroid injection that proved about three months of temporary relief. She also had authorization for a cervical steroid injection, but did not follow through as she was in the process of surgical intervention to right shoulder that was followed by postoperative physical therapy. The patient noted having failed conservative therapy to include chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 1/7/15 progress report provided by the treating physician, this patient presents with neck pain rated 8/10, radiating to bilateral upper extremities, left > right, and low back pain rated 7/10, radiating to bilateral lower extremities, left > right. The treater has asked for LIDODERM PATCHES 5% #30 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p arthroscopic right shoulder surgery from October 2012, but no surgeries to the cervical spine or lumbar spine. The patient's current medications are Protonix and Ibuprofen. An MRI of the C-spine from 4/2/13 showed HNP at C5-6 and C6-7 with 4mm disc bulges. An MRI of the L-spine from 11/17/14 showed a 4.5mm disc protrusion at L5-S1 per 1/7/15 report. The patient's cervical pain has steadily worsened. The patient is s/p 40 chiropractic sessions, postoperative physical therapy for the right shoulder, and a lumbar epidural steroid injection from October 2012, which gave 3 months of benefit. The patient's work status is not included in the provided documentation. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." When reading ODG guidelines, it specifies that Lidocaine patches be 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 discuss this request and there is no RFA. Review of the reports does not show prior use of the patches. In this case, the patient is diagnosed with cervical myoligamentous injury with upper extremity radicular symptoms, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, as well as right shoulder internal derangement s/p arthroscopic surgery. However, the patient does not present with localized, peripheral neuropathic pain for which this medication is indicated. This topical is also not indicated for axial spinal pain either. The request IS NOT medically necessary.