

Case Number:	CM15-0051619		
Date Assigned:	03/25/2015	Date of Injury:	09/21/2005
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/18/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 9/21/05. She has reported neck and back injury after tripping and falling. The diagnoses have included cervical post laminectomy syndrome, post laminectomy lumbar syndrome, lumbosacral neuritis, and muscle spasm. Treatment to date has included medications, acupuncture, chiropractic, diagnostics, Epidural Steroid Injection (ESI), heat, ice, massage, physical therapy, activity modifications, trigger point injections and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, as per the physician progress note dated 2/26/15, the injured worker complains of increased head and neck pain with headache. The neck pain was rated 9/10 on pain scale described as aching, shooting and tight. The lumbar spine pain was rated 8/10 and unchanged and described as aching and throbbing. The head pain was also increased and rated 7/10 and described as aching shooting [pain with spasm. She currently was not working and reports difficulty sleeping. The current medications included Lidoderm patch, Butrans patch, Norco, Coreg and Zolof. Physical exam of the cervical region revealed tenderness, spasm, positive Spurling's sign, pain with range of motion, and severe left trapezius spasm. The lumbar exam revealed tenderness bilaterally and pain with range of motion. The urine drug screen dated 12/16/14 was consistent with medication prescribed. The previous therapy sessions were not documented. The treatment plan was to continue medications, use ice and moist heat for pain control, re-fill Butrans patch, start Lidoderm patch, Outpatient Ganglion Impar Block and follow up in 1 month. The physician requested treatments included Outpatient Ganglion Impar Block and Pharmacy Purchase of Lidoderm Patch 700 MG #60 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Ganglion Impar Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ganglion block Page(s): 108.

Decision rationale: The California MTUS section on ganglion blocks states: Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in Regional sympathetic blocks. The provided clinical documentation for review does not meet these criteria as outlined above and therefore the request is not certified and is not medically necessary.

Pharmacy Purchase of Lidoderm Patch 700 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine 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. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized

peripheral pain. The patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not certified and is not medically necessary.