

Case Number:	CM15-0061000		
Date Assigned:	04/07/2015	Date of Injury:	06/18/2006
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/31/2015

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: Emergency 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:

This 39-year-old woman sustained an industrial injury on 6/18/2006. The mechanism of injury is not detailed. Diagnoses include cervical disc displacement, cervicalgia, cervical radiculopathy, occipital neuralgia, and thoracic spasm. Treatment has included oral and topical medications, trigger point injections, and cervical epidural steroid injection. MRI of cervical spine dated 1/11/11 was normal. Physician notes dated 3/15/2015 show complaints of chronic cervical and upper extremity pain with spasms and 70% improvement after cervical epidural steroid injections. Patient has persistent complaints of severe pain up to 9/10 and was not relieved except for epidural injections. Patient is noted to only be on Lidoderm patches and ibuprofen. Recommendations include home exercise program with gentle stretching and ice, Lidoderm patches, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% # x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. It may be considered after failure of 1st line treatment. Patient has been on this medication chronically with no documentation provided concerning 1st medication failure. Despite use, patient continues to complain of severe pain and there is no documentation of any objective improvement in pain or function. This prescription request is also grossly inappropriate. The request is for 30 patches with 5 refills which would give the patient almost 6 months of medications without appropriate monitoring for efficacy or side effects which fails MTUS guidelines concerning appropriate monitoring. Lidocaine patch is not medically necessary.