

Case Number:	CM15-0084316		
Date Assigned:	05/06/2015	Date of Injury:	12/06/2005
Decision Date:	06/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: New York, Tennessee

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:

The injured worker is a 54 year old male, who sustained an industrial/work injury on 12/6/05. He reported initial complaints of neck and back pain. The injured worker was diagnosed as having lumbar/cervical post laminectomy syndrome, bilateral lower extremity radiculopathy, (R>L), reactionary depression, anxiety, possible right sacroiliac joint syndrome and medicine induced gastritis. Treatment to date has included medication, spinal cord stimulator on 2/9/15, MRI results of the cervical spine were reported on 11/30/11 that demonstrated degenerative disc disease. Lumbar spine CT scan on 11/30/11 revealed evidence of surgical arthrodesis at L1-2 with right sided pedicle screw appearing to tunnel through the lateral cortex of the right pedicle, loss of disc height, and protrusions at L3-4 and L4-5, mild central canal narrowing and bilateral foraminal narrowing. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 10/4/11 and revealed right acute L5 radiculopathy and mild bilateral carpal tunnel syndrome. Currently, the injured worker complains of low back pain that radiated down the both lower extremities along with pain in the neck with debilitating headaches and radicular symptoms to both upper extremities. Per the primary physician's progress report (PR-2) on 3/13/15, examination revealed cervical loss of range of motion, tenderness to palpation and trigger point in the neck and trapezius, weakness throughout the left upper extremity with significant grip loss, mild atrophy of the intrinsic muscles of the left hand compared to the right. Reflexes were slightly blunted on the left triceps compared to the right. There was decreased sensation along the left posterolateral triceps and lateral arm. The lumbar spine exam revealed tenderness throughout the lumbar musculature, antalgic gait, positive straight leg raise,

decreased sensation in the posterolateral thigh and calf and dorsum of the foot on the left, blunted reflexes on the Achilles tendon, decreased motor strength with dorsiflexion of the left foot and ankle. Current treatment included permanent implantation of the lumbar spinal cord stimulator, medication refill, psychology for depression, and diagnostics. The requested treatments include Lidoderm patch 2 patches daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 2 patches daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Lidoderm® (lidocaine patch).

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non- neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of patches. (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case, the patient has been using Lidoderm patches since at least January 2015 and has not obtained analgesia. Criteria for use of Lidoderm patch have not been met. The request is not medically necessary and should not be authorized.