

Case Number:	CM15-0088419		
Date Assigned:	05/12/2015	Date of Injury:	01/22/2007
Decision Date:	06/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 38-year-old female, with a reported date of injury of 01/22/2007. The diagnoses include lumbar radiculopathy, status post lumbar surgery, lumbar spine herniated nucleus pulposus, left wrist TPCC (triangular fibrocartilage complex) tear, neck pain, low back pain, status post De Quervain's release surgery of the left wrist, and residual right lower extremity radiculopathy and weakness. Treatments to date have included an MRI of the cervical spine on 02/09/2013 which showed desiccation and central disc protrusion; electrodiagnostic studies of the bilateral upper extremities which showed right carpal tunnel syndrome; an MRI of the lumbar spine on 09/27/2014 which showed moderate narrowing of the lateral recesses bilaterally; lumbar spine epidural injections; bilateral L4-5 laminectomy in 2008; physiotherapy; an MRI of the right shoulder which showed a tear of the supraspinatus tendon; and oral medications. The progress evaluation report dated 03/24/2015 indicates that the injured worker stated that she still had headaches, neck pain, bilateral shoulder pain, bilateral forearm/wrist/hand pain, lower back pain, and right leg pain. The headaches were rated 8 out of 10; the neck pain was rated 8 out of 10; the bilateral shoulder pain was rated 9 out of 10; the bilateral forearm/wrist/hand pain was rated 7 out of 10; the low back pain was rated 8 out of 10; and the right leg pain was rated 7 out of 10. The injured worker reported left leg weakness that was progressive; and the neck pain radiated to the left forearm and hand. The objective findings include tenderness to palpation of the bilateral cervical dorsal, upper thoracic, bilateral cervical, cervical, bilateral lumbar, bilateral sacroiliac, and sacral spines; a well-healed post surgical scar on the lumbar spine; decreased cervical range of motion; decreased lumbar spine range of motion; decreased bilateral shoulder range of motion; tenderness to palpation at the paraspinal muscles; and spasms at the left trapezius region. The treating physician requested one box of Lidoderm patches. It was documented that the injured worker had signed a pain management

agreement with the office, which was updated; routine urine drug screens were routinely performed; and that there was a CURES report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, 1 box: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm patches Page(s): 111-113, 56 and 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams, Topical analgesics and Other Medical Treatment Guidelines UpToDate.com, Lidocaine (topical).

Decision rationale: "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. 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. For more information and references, see Topical analgesics." ODG further details, "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 planned patches and duration for use (number of hours per day). (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." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for Lidoderm patches, 1 box is not medically necessary.