

Case Number:	CM14-0117170		
Date Assigned:	09/16/2014	Date of Injury:	02/18/2003
Decision Date:	10/20/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Emergency Medicine and Fellowship Trained in Emergency Medical Services, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old male who reported an injury on 02/08/2003 due to unspecified cause of injury. The injured worker complained of neck and back. The diagnoses included cervicobrachial syndrome, cervical spondylosis without myelopathy, cervical radiculopathy, sciatica, abnormality of gait, myofascial pain/myositis, and lumbosacral neuritis or radiculitis. The medications included oxycodone, Zanaflex, Flector, Kadian, Lidoderm, Cymbalta, and trazodone, with a reported pain level of 7/10 using the VAS. The physical examination dated 08/11/2014 revealed back pain, neck pain, joint stiffness, muscle spasms and weakness. Neurological evaluation was positive for numbness, tingling, headaches, difficulty with memory, and muscle weakness and unsteadiness. No crepitus noted. Trigger points palpated to the upper trapezius, lower trapezius splenius capitis, quadratus lumborum, and thoracolumbar paraspinal muscles bilaterally. Range of motion was painful to the neck and lumbar spine. Sensation was noted as light touch to the lateral left. The reflexes to the patellar and Achilles tendon were 2+ bilaterally. The treatment plan included refill of the Lidoderm. The Request for Authorization dated 09/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700mg/patch) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Lidocaine, Page(s): page 111, 112.

Decision rationale: The request for Lidoderm 5% patch (700 mg/patch) #60 is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). ...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The guidelines indicate that the Lidoderm patch may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. As such, the documentation did not indicate that the injured worker had peripheral pain or diagnosis of peripheral pain. As such, the request is not medically necessary. The request did not address the frequency.