

Case Number:	CM14-0121133		
Date Assigned:	09/18/2014	Date of Injury:	06/21/2007
Decision Date:	10/16/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 63 years old female with an injury date on 06/21/2007. Based on the 07/03/2014 progress report provided, the diagnoses are: 1. Cervical spondylosis: multilevel degenerative disc disease especially C6/7. Cervical spinal stenosis: Foraminal stenosis C3/4, 4/5, 5/6. Longterm med use necessity: Hydrocodone. Myalgia and myositis unspecified. Postlaminectomy synd cervical: status post (s/p) cervical fusion. Rotator cuff synd unspecified. Muscle weakness. Cervical disc degenerative. According to this report, the patient complains of left neck pain. Pain is rated as a 7/10; with symptoms worsen since last visit. Walking and lifting would aggravate the condition. Physical exam reveals moderate tenderness at C6-C7 paraspinals and scapular muscle. Cervical range of motion is limited in rotation, bilaterally, with pain. Spurling test and Finkelstein test are positive. Weakness is noted in the right metacarpophalangeal joints (MCP) extension to manual muscles testing. There were no other significant findings noted on this report. The utilization review denied the request on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 1 daily: Upheld

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

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

Decision rationale: According to the 07/03/2014 report, this patient presents with left neck pain. The treater is requesting Lidoderm 5% patch 1 daily. Lidoderm patch was first mentioned in the 03/06/2014 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has cervical neuropathic pain but this is not a localized condition. Furthermore, the treater does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.