

Case Number:	CM14-0128063		
Date Assigned:	09/10/2014	Date of Injury:	05/04/1997
Decision Date:	11/18/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/12/2014

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 Neuromuscular Medicine 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 male with a work injury dated 5/4/97. The diagnoses include neck sprain/strain, cervical facet arthrosis, cervical discogenic disease, lumbar discogenic disease, and chronic low back pain. Under consideration is a request for Lidoderm 5% patch, on 12 hours and off 12 hours for the cervical spine, quantity 30. There is a primary treating physician report dated 1/7/14 that states that the patient has chronic neck pain and lower back pain persists. No interval change. Bad days seem to outnumber the good days recently. The patient continues to utilize Lidoderm patches at night and Vicodin during the day. On exam of the cervical spine reveals present spasm. Facet tenderness is positive. Range of motion is painful and decreased. Radiculopathy noted at C6-7 on the left. Positive trigger points elicited. The plan is that the patient will continue a home exercise and walking program and his medications will be refilled. Vicodin 5/500 mg two p.o tid # 180 and Lidoderm patch 12 hours on and 12 hours off #30. A 4/10/14 progress note states that the patient has been having more pain lately, currently a 4/10. He states he continues to manage with his medication. Exam of the cervical spine reveals present spasm. Facet tenderness is positive. Range of motion is painful and decreased. Radiculopathy noted at C6-7 on the left. Tenderness to palpation over the cervicotracheal ridge. Trigger point elicited bilaterally. The plan includes that his medications will be refilled. Vicodin 5/500 mg two p.o tid #180 and Lidoderm patch 12 hours on and 12 hours off #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, on 12 hours and off 12 hours for the cervical spine, quantity 30:
Upheld

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

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

Decision rationale: Lidoderm 5% patch, on 12 hours and off 12 hours for the cervical spine, quantity 30 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Treatment Guidelines state that Lidoderm patch is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Additionally the guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation submitted indicates that the patient has chronic pain. Furthermore the documentation indicates that the Lidoderm patch has been used without significant functional improvement. The request for Lidoderm 5% patch, on 12 hours and off 12 hours for the cervical spine, quantity 30 is not medically necessary.