

Case Number:	CM14-0160742		
Date Assigned:	10/06/2014	Date of Injury:	01/21/2014
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 Pain 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 31 year old with an injury date on 1/21/14. Patient complains of ongoing cervical pain that radiates to right upper extremities with numbness/weakness, with pain rated 7/10 without medications and 4/10 with medications per 9/17/14 report. Patient is using his left upper extremity more than before, and his physical therapy has improved nerve symptoms in right upper extremity per 9/17/14 report. Based on the 9/17/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical strain 2. cervical disc herniation, right C6-7 Exam on 9/17/14 showed "straight leg raise and bowstring are negative bilaterally. Normal gait. Cervical range of motion decreased 20%." Patient's treatment history includes physical therapy. [REDACTED] is requesting lidocaine pad 5% day supply Qty: 30. The utilization review determination being challenged is dated 9/25/14 and denies lidoderm due to lack of documentation patient failed first line therapy medications. [REDACTED] is the requesting provider, and he provided treatment reports from 7/23/14 to 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% day supply 30 QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) MTUS: Topical Analgesics. Page(s): p 56-57. pg 111-113,.

Decision rationale: This patient presents with neck pain, and right arm pain. The treater has asked for lidocaine pad 5% day supply Qty: 30 on 9/17/14. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does not present with peripheral, localized neuropathic pain. The patient has peripheral, diffuse neuropathic pain for which Lidocaine is not supported. The request is not medically necessary.