

Case Number:	CM14-0093705		
Date Assigned:	09/12/2014	Date of Injury:	01/28/2010
Decision Date:	10/07/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/20/2014

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 Pain Management and Rehabilitation, 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:

This patient sustained an injury on 1/28/10 while employed by [REDACTED]. Request(s) under consideration include Lidoderm Patches, #80. Medications list Lidoderm, Imitrex, Restoril, Xanax, Prilosec, Norco, and Voltaren Gel. MRI of cervical spine dated 5/3/12 showed multilevel 1.5-2 mm disc bulge with mild canal and neural foramina stenosis. Report of 5/7/14 from the provider noted the patient with ongoing chronic neck pain rated at 5/10 radiating into bilateral shoulder blades and down bilateral upper extremities. Exam showed diffuse tenderness over base of skull, right trapezius musculature; base of neck; decreased sensation at right C7 dermatome; limited cervical range; and motor strength of 4+/5 at right elbow extension. The request(s) for Lidoderm Patches, #80 was non-certified on 6/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES, #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111- 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751

Decision rationale: This patient sustained an injury on 1/28/10 while employed by [REDACTED]. Request(s) under consideration include LIDODERM PATCHES, #80. Medications list Lidoderm, Imitrex, Restoril, Xanax, Prilosec, Norco, and Voltaren Gel. MRI of cervical spine dated 5/3/12 showed multilevel 1.5-2 mm disc bulge with mild canal and neural foramina stenosis. Report of 5/7/14 from the provider noted the patient with ongoing chronic neck pain rated at 5/10 radiating into bilateral shoulder blades and down bilateral upper extremities. Exam showed diffuse tenderness over base of skull, right trapezius musculature; base of neck; decreased sensation at right C7 dermatome; limited cervical range; and motor strength of 4+/5 at right elbow extension. The request(s) for LIDODERM PATCHES, #80 was non-certified on 6/19/14. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm Patches, #80 is not medically necessary and appropriate.