

Case Number:	CM15-0018768		
Date Assigned:	02/06/2015	Date of Injury:	03/01/1996
Decision Date:	03/31/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 03/01/1996 due to an unspecified mechanism of injury. On 12/12/2014, she presented for a followup evaluation regarding her work related injury. She stated that her level of pain had increased since the last visit. She stated that with her medications, her pain was a 5/10 and without it was a 9/10. She stated that her activity level had decreased and noted taking her medications as prescribed and also stated that they were working well with no reported side effects. Her medications included ibuprofen 600 mg 1 daily, Zanaflex 4 mg 1 by mouth twice a day as needed, Medrol 4 mg dose pack use as directed, Cymbalta 60 mg 1 by mouth daily, Lidoderm 5% patch apply for 12 hours per day, MS Contin 15 mg 1 twice daily, hydrocodone/APAP 10/325 mg 1 by mouth every 4 to 6 hours as needed for pain, and docusate sodium 100 mg 1 daily. A physical examination showed that she had an antalgic stooped gait assisted by a cane. Range of motion was noted to be restricted in the cervical spine by pain and there was tenderness noted on both sides of the paravertebral muscles and with palpation of the occiput. There was spasm and tenderness noted in the thoracic spine at the fourth and fifth costochondral joints. The lumbar spine range of motion was noted to be restricted and limited by pain and on palpation of the paravertebral muscles there was tenderness noted on both sides. Sensation was noted to be decreased on both sides. She was diagnosed with postcervical laminectomy syndrome, cervical radiculopathy, lumbar radiculopathy, and cervical pain. The treatment plan was for Lidoderm 5% patch #30 with 1 refill. The rationale for treatment was to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate that the injured worker has tried and failed recommended oral medications or that she is intolerant to these medications to support the request for a topical analgesic. Also, her response to this medication in terms of an objective improvement in function was not clearly documented within the documentation. Also, a refill of this medication would not be supported without a re-evaluation to determine treatment success and the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.