

Case Number:	CM15-0110134		
Date Assigned:	06/16/2015	Date of Injury:	10/12/2011
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 10/12/2011. Diagnoses include lumbar radiculopathy, cervical facet syndrome, cervical radiculopathy, shoulder pain and wrist pain. Treatment to date has included an epidural steroid injection (4/22/2015) which offered greater than 70% relief of pain per the injured worker. He also uses medications including omeprazole, Naproxen and Lidoderm 5% patch, and has undergone a cervical epidural steroid injection (6/19/2013), and diagnostics including multiple magnetic resonance imaging (MRI) and multiple EMG (electromyography)/NCS (nerve conduction studies). Hot/cold packs and bracing have been approved. Per the Primary Treating Physician's Progress Report dated 4/24/2015, the injured worker reported neck pain, lower backache, right shoulder pain and right wrist pain. He reports radiation of pain into the bilateral lower extremities left greater than right. Pain level has decreased since his last visit. Pain is rated as 3.5 /10 with medications and 8/10 without medications. Physical examination of the cervical spine revealed spasm and tenderness of the left paravertebral muscles with restricted ranges of motion in all planes. Lumbar spine examination revealed restricted ranges of motion upon flexion and extension. There was tenderness and spasm upon palpation of the paravertebral muscles. Right shoulder range of motion was restricted upon flexion and abduction. There was tenderness to palpation over the radial side of the bilateral wrists. The plan of care included transdermal medications and authorization was requested for Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain and failure of first-line therapy. As such, the currently requested Lidoderm is not medically necessary.