

Case Number:	CM15-0112354		
Date Assigned:	06/18/2015	Date of Injury:	09/20/2010
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational Medicine

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 52 year old female with an industrial injury dated 01/23/2004. Her diagnoses included post laminectomy syndrome (cervical) and cervicgia. Prior treatments included medications to include Voltaren gel and cervical fusion. She presents on 03/09/2015 with complaints of neck pain. The injured worker is off work because of other health issues. She states her pain has not improved since being off work but feels like it is getting progressively worse. Cervical fusion was successful in alleviating her arm complaints. Physical exam noted pain in the right paracervical area extending along the right screw trapezius. Spurling's test caused pain extending over to the right shoulder. Spurling's test on the left was negative. Flexion of the cervical spine was fairly well tolerated but extension greatly aggravated pain. Range of motion was mildly restricted. Treatment plan included updated x-ray of the cervical spine and Lidoderm patches. The request is for Lidocaine Pad 5%, days supply: 30 quantity of 60 with one refill. Voltaren gel was no longer authorized.

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: 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: Topical lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The request for lidocaine Pad 5% Day Supply: 30 QTY: 60 with 1 refill is determined to not be medically necessary.