

Case Number:	CM15-0114356		
Date Assigned:	06/22/2015	Date of Injury:	07/25/1994
Decision Date:	07/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/14/2015

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

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 59-year-old male patient who sustained an industrial injury on 07/25/1994. A primary treating visit dated 04/22/2014 reported subjective complaint of continued neck pain radiating to the right upper extremity with intermittent numbness and tingling into the right upper arm. He has complaints of muscle spasm in the right trapezium. He indicates having difficulty sleeping secondary to the pain. He does have pain management visits and has been offered epidural injections although as of yet has not received. The patient is currently not working. He states getting function improvement and pain relief with the medication regimen and that he is having difficulty obtaining medications due to denials. Objective findings showed tenderness in the posterior cervical and right trapezial musculature. There is lumbar spine tenderness in the lower lumbar paravertebral musculature. The following diagnoses are applied: history of lumbar decompression with epidural fibrosis; multilevel cervical stenosis with cord compression at C5-6, and epigastric pain secondary to chronic medication use. The plan of care noted the patient continuing with main management, possible epidural administration to the cervical spine treating right radicular complaints, and follow up visit. The patient underwent myelogram on 09/03/2014. At the following visit, the subjective complaints included: low back pain radiating down the left lower extremity accompanied by frequent numbness to bilateral feet. This pain is aggravated by activity, standing, and walking. He is also with frequent low back muscle spasm. In addition, he is with bilateral lower hip pain, insomnia, increased lower back pains, and chronic episodic gastritis. He is status post transforaminal epidural injection to left L4-S1 on 12/10/2013 with report of good overall

improvement (50-80%). He noted good functional improvement with both mobility and sleep with the duration continuing at that time. He states Neurontin and Prilosec being recently denied. A magnetic resonance imaging study done on 06/07/2010 showed significant findings of L3-4 disc bulge, L4-5 disc bulge both without evidence of canal stenosis or neural foraminal narrowing secondary to a posterior disc bulge and facet joint hypertrophy; posterior annular tear of intervertebral disc and status post right L5 hemi laminectomy. The cervical spine showed C3-4 mild canal stenosis secondary to posterior disc bulge and uncovertebral osteophytes; mild canal stenosis secondary to above; moderate to severe left neural foraminal narrowing mild canal stenosis, and moderate bilateral neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches Qty 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine 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 Lidocaine 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 other oral analgesics. The Lidoderm patches Qty 30 with 2 refills is not medically necessary.