

Case Number:	CM15-0118666		
Date Assigned:	06/26/2015	Date of Injury:	09/30/2011
Decision Date:	07/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

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 64 year old male, who sustained an industrial injury on 9/30/11. He reported pain in his neck. The injured worker was diagnosed as having cervical pain. Treatment to date has included cervical spine surgery and a cervical MRI in 5/2013. Current medications include Tylenol, Tiger balm and Lidoderm patches since at least 6/9/14. As of the PR2 dated 3/23/15, the injured worker reports pain in his neck that radiates down his upper extremities. He rates his pain a 5/10 without medications. Objective findings include restricted cervical range of motion and tenderness in the paraspinal muscles. The treating physician requested Lidoderm patches 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for radiating neck pain. When seen, pain was rated at 5/10 without medications. There was a wide based gait with use of a cane. There was decreased and painful cervical spine range of motion with paraspinal and rhomboid muscle tenderness. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness. There was decreased bilateral upper and right lower extremity strength. Biofreeze and Lidoderm were prescribed. Prior medications had included hydrocodone, Tylenol, methocarbamol, lorazepam, and prednisone. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.