

Case Number:	CM15-0119449		
Date Assigned:	06/29/2015	Date of Injury:	01/07/2012
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

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 48-year-old male who sustained an industrial injury on 01/07/2012. There was no mechanism of injury documented. The injured worker was diagnosed with cervical radiculopathy, cervicalgia, cervical degenerative disc disease and spondylosis without myelopathy, lumbar degenerative disc disease, lumbar radiculopathy, lumbar spinal stenosis and spondylosis without myelopathy, sacroiliitis and myofascial pain syndrome. The injured worker underwent a posterior foraminotomy on the left C5-6 on October 7, 2014. According to the primary treating physician, the injured worker has not had any therapy since surgery. Treatment to date has included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) on May 22, 2015, surgery, physical therapy, epidural steroid injection and medications. According to the primary treating physician's progress report on June 4, 2015, the injured worker continues to experience neck, mid back and low back pain. The injured worker reports his neck pain radiates down the bilateral upper extremities to the 3rd and 4th digits associated with numbness of the fingers and worse on the left. The injured worker rates his neck pain at 7/10 and 9/10 when most severe. The injured worker reports his low back pain at 8/10 with radiation to the bilateral lower extremities. Examination of the neck demonstrated tenderness to palpation along the left side and mid to lower cervical paravertebral muscles, the bilateral trapezius and along the bilateral periscapular and rhomboid muscles. There was decreased range of motion and negative Spurling's test bilaterally. The lower back examination revealed tenderness to palpation along the bilateral mid to lower lumbar paravertebral muscles and along the sacroiliac joints, worse on the right than left side with full, active lumbar flexion. Motor strength was 5/5 in all

extremities except 2/5 for bilateral shoulder abduction, which was limited to 90 degrees. Deep tendon reflexes were 1+ and symmetric in all extremities. Sensation was decreased to pinprick at the left C6, C8 and L4 dermatomal distribution. Heel to toe gait was intact, no antalgic gait and straight leg raise Faber and FAIR tests were negative bilaterally. Current medications are listed as Morphine Sulfate IR 15mg (4 times a day), Gabapentin, and Flexeril, Prilosec, and LidoPro topical analgesics. Ultracet 37.5/325mg and Norco 10/325mg were discontinued. Treatment plan consists of follow-up with pain management in one month and the current request for LidoPro Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Salicylate Topicals, and Lidocaine topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsLidoderm (lidocaine patch) page 56-57.

Decision rationale: Request: Lidopro cream According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the Gabapentin for this injury was not specified in the records provided any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Lidoderm patch #30 refills 2 is not medically necessary.