MAXIMUS Federal Services

Case Number:	CM15-0121503		
Date Assigned:	07/02/2015	Date of Injury:	12/04/2012
Decision Date:	08/12/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, Michigan
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 33 year old female who filed an industrial injury on 12/04/2012 resulting in pain to the right arm, right shoulder and neck, followed by left upper extremity pain due to over compensation as a result of cumulative trauma since 08/03/2010. Treatment provided to date has included: 24 sessions of physical therapy resulting in the first 11 sessions in 2011 being helpful, but the additional 12 sessions in 2013 were not helpful; trigger point and epidural steroid injections to the cervical spine; medications (gabapentin, Tylenol #3); and conservative therapies/care. Diagnostic tests performed include: x-ray of the cervical spine (2010) showing slight/mild reversal of normal cervical lordosis; MRIs of the bilateral wrist (2015) showing evidence of a possible ganglion cyst on the right, and right-sided effusion in the pisotriquetral joint; ultrasound studies of the bilateral wrist (2015) showing slight anterior bulging of the transverse carpal ligaments bilaterally, as well as abnormalities in the shape of the median nerves bilaterally and electrodiagnostic testing (2010 and 2011) showing evidence of bilateral ulnar neuropathy, bilateral epicondylitis, and bilateral carpal tunnel and cubital tunnel syndromes. Comorbidities included gastrointestinal ulcers and seasonal allergies. There were no other dates of injury reported in the medical documentation. On 05/19/2015, physician progress report noted complaints of increased neck pain. The pain was rated 5/10 in severity. The injured worker had recently undergone a cervical epidural steroid injection (05/08/2015) which resulted in severe stiffness, soreness and spasms all over her upper body and arms; however, she reports the stiffness has resolved. Additional complaints included pressure to the cervical spine and headaches. Current medications include gabapentin and Tylenol #3. The physical exam revealed

decreased normal lordosis in the cervical spine, moderate tenderness to palpation over the cervical paravertebral muscles extending into the trapezius muscles bilaterally with noted spasms, positive Spurling's sign bilaterally, negative axial head compression test, moderate tenderness upon palpation of the cervical facet joints at C4-C7, restricted cervical range of motion (ROM), tenderness over the bilateral medial epicondyles, slightly decreased flexion of the elbow bilaterally, decreased sensation along the C5-C7 dermatomes bilaterally, and decreased sensation in the ulnar nerve distribution. The provider noted diagnoses of cervical disc disease, cervical radiculopathy, bilateral ulnar neuritis, and bilateral lateral and medial epicondylitis. Plan of care includes continued daily exercises, prescription for Lidoderm patches and Flexeril, continued current medications, random urine drug screening, and follow-up in 3-4 weeks. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: Lidoderm 5% patches #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 Lidoderm (lidocaine patch) and Topical Analgesics Page(s): 56-57 and 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics, such as the Lidoderm 5% Patch, are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids or antidepressants. Lidoderm is the brand name for a lidocaine patch. The Lidoderm patch has been designated for orphan status (granting special status approval to a drug or biological product) by the FDA for neuropathic pain. 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. Additionally, this medication is not generally recommended for treatment of myofascial pain/trigger points. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, medical necessity of the Lidoderm patch has not been established as there is no diagnosis or evidence of post-herpetic neuralgia and this medication is not recommended for myofascial pain or trigger points. Although, the injured worker has been taking gabapentin, this medication was not noted to have failed as the injured worker was to be continued on current medications (including gabapentin). The certification of the requested Lidoderm 5% patch is not medically necessary.