

Case Number:	CM15-0123867		
Date Assigned:	08/07/2015	Date of Injury:	04/20/1990
Decision Date:	09/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 61 year old male, who sustained an industrial injury on 4-20-90. The mechanism of injury was not indicated. The injured worker was diagnosed as having post-laminectomy syndrome of cervical region and myofascial pain syndrome of cervical region. Treatment to date has included cervical fusion, oral medications including Norco, Flexeril, Lyrica, Kadian and Excedrin; home exercise program and activity restrictions. (MRI) magnetic resonance imaging of thoracic spine performed on 2-27-15 revealed C7-T1 and T1-2 disc degeneration with post-surgical changes relating to cervical fusion and T7-8 and T 8-9 prominent disc osteophyte complexes and a smaller disc osteophyte complex at T10-11. Currently on 5-19-15, the injured worker complains of pain in the spine from neck to tailbone, described as sharp to burning with radiation down both arms with some radiation to the right ribs and numbness of fingers; he rates the pain 8 out of 10. It is noted the pain is unchanged. Physical exam performed on 5-19-15 revealed restricted range of motion of cervical spine and tenderness to palpation over thoracic midline around T5-7 with multiple triggers around scapular stabilizer. The treatment plan included continuation of Kadian 60mg, addition of Kadian 10mg #60, Norco 10-325mg #180, Pregabalin 100mg #90 and Flexeril 10mg #90. A request for authorization was submitted on 5-26-15 for Lidoderm patch, morphine, Lyrica and Hydrocodone-acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines support the use of topical lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for initial treatment of chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain with overhead activities and stiffness. There was no discussion indicating the worker had failed first line treatments, and the worker was actively taking pregabalin, presumably because it was of benefit. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 topical lidocaine 5% patches is not medically necessary.