

Case Number:	CM15-0127874		
Date Assigned:	07/14/2015	Date of Injury:	09/04/1999
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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: Emergency 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 53 year old female who sustained an industrial injury on 09/04/1999. The injured worker was diagnosed with cervical and lumbar disc displacement without myelopathy and cervical post-laminectomy syndrome. The injured worker is status post cervical discectomy and fusion in 2002, cervical fusion in 2006 and in 2008. The anterior cervical fusions involved C3-4, C4-5 and C6-7. The injured worker is also status post left shoulder surgery (no date/procedure documented). Treatment to date has included diagnostic testing, surgery, multiple specialty consultations, lumbar and cervical epidural steroid injections, physical therapy, and dental work, smoking cessation program, acupuncture therapy and medications. According to the primary treating physician's progress report on June 5, 2015, the injured worker continues to experience neck, lower back and bilateral shoulder pain. Examination of the lumbar spine demonstrated spasm and guarding with normal muscle tone and without atrophy of the bilateral upper and lower extremities. Examination of the neck noted tenderness to palpation with increased muscle tone of the trapezius muscle. The bilateral shoulders revealed painful range of motion with abduction at 90 degrees, forward flexion at 90 degrees and extension at 45 degrees. There was motor strength weakness of both rotator cuff muscles. Current medications are listed as Buprenorphine 2mg, Cyclobenzaprine, Naproxen, Gabapentin, Trazodone, Venlafaxine, Lidoderm and Flector patches, Effexor, Dexilant and Senokot-S. Treatment plan consists of discontinuing Dexilant and take Pantoprazole, Lyrica twice daily, ThermaCare heat-wrap for the neck, start physical therapy for the lower back and neck (12 sessions total authorized), lumbar epidural steroid injection, gastrointestinal (GI) consultation, neurology consultation, internal

medicine consultation, temporomandibular (TMJ) specialist, shoulder orthopedist consultation, ENT follow-up, spine surgeon follow-up, continue with acupuncture therapy for smoking cessation, dental follow-up and the current request for Lidoderm 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Lidoderm 5% patches #30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): (s) 56-57.

Decision rationale: The requested one prescription for Lidoderm 5% patches #30 with 3 refills is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has neck, lower back and bilateral shoulder pain. Examination of the lumbar spine demonstrated spasm and guarding with normal muscle tone and without atrophy of the bilateral upper and lower extremities. Examination of the neck noted tenderness to palpation with increased muscle tone of the trapezius muscle. The bilateral shoulders revealed painful range of motion with abduction at 90 degrees, forward flexion at 90 degrees and extension at 45 degrees. The treating physician has documented neuropathic pain symptoms as well as trials of first-line therapy. The criteria noted above having been met, one prescription for Lidoderm 5% patches #30 with 3 refills is medically necessary.