

<b>Case Number:</b>	CM15-0173812		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 69 year old female who sustained an industrial injury October 21, 2011. Past history included; DVT (deep vein thrombosis), right lower extremity. Past treatment included corticosteroid injections 2013 and February 25, 2015, left shoulder, providing approximately 4 weeks benefit with improved range of motion, cervical epidural steroid injection August 2013, and cervical trigger point injections 2014. According to a primary treating physician's report dated August 12, 2015, the injured worker presented with progressive pain in the cervical spine radiating to the left upper extremity, which includes the left shoulder. She describes radicular pain into the left upper extremity down to the fingers with numbness, tingling, and pain, radiating to the medial scapular region. The physician documented a cervical MRI revealed bilateral nerve impingement C6 C7 and a 3mm posterior disc protrusion with bilateral neural foraminal stenosis. She reports left shoulder pain aggravated by any overhead activity. Current medication included Ultracet, Prilosec, Celebrex and Lidoderm patch (all prescribed since at least February, 2015). Objective findings included; tenderness along the bilateral trapezius and cervical musculature, left greater than right; numerous palpable trigger points in the left trapezius with decreased range of motion and muscle guarding. Sensory decreased along the left posterolateral arm and lateral forearm in about the C6 distribution. Assessment is documented as cervical myoligamentous injury with disc protrusions at C5-6 and C6-7; left upper extremity radiculopathy; left shoulder impingement syndrome; medication induced gastritis. Treatment plan included trigger point injections administered in the left posterior cervical and trapezius musculature, recommending cervical epidural steroid injection,

and at issue, the request for authorization for Lidoderm Patch # 30. A toxicology report dated June 29, 2015, (report present in the medical record) is consistent with prescribed medication. According to utilization review dated August 24, 2015, the request for Ultracet 37.5- 325mg twice a day # 60 (dispensed 08-12-2015) is certified. The request for Prilosec 20mg twice per day as needed # 60 (dispensed 08-12-2015) is certified. The request for Celebrex 200mg #30 (prescribed 08-12-2015) is certified. The request for Lidoderm patch #30 (prescribed 08-12-2015) is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidoderm Patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The patient presents on 08/12/15 with cervical spine pain which radiates into the left upper extremity. The patient's date of injury is 10/21/11. Patient is status post cervical ESI in August 2013. The request is for Lidoderm Patch #30. The RFA is dated 08/12/15. Physical examination dated 08/12/15 reveals tenderness to palpation of the cervical spine, and bilateral trapezii, with numerous trigger points noted, decreased range of cervical motion in all planes, and decreased sensation in the left C6 dermatomal distribution. The patient is currently prescribed Ultracet, Prilosec, Celebrex, and Lidoderm patches. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "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). MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." In regard to the request for Lidocaine pads for this patient's chronic cervical spine pain with a radicular component, this medication is not supported for this patient's chief complaint. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with cervical spine pain which radiates into the left upper extremity, not a localized neuropathic pain amenable to Lidocaine patches. Without evidence of an existing localized neuropathic condition for which topical Lidocaine is considered an appropriate treatment, continuation of this topical medication cannot be substantiated. Therefore, the request IS NOT medically necessary.