

Case Number:	CM15-0177293		
Date Assigned:	09/18/2015	Date of Injury:	10/28/1999
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64-year-old male who sustained an industrial injury on 10-28-1999. Diagnoses include cervical spondylosis, sacroiliitis, radiculopathy-lumbar spine, lumbosacral spondylosis without myelopathy. A physician progress note dated 08-04-2015 documents the injured worker complains of neck pain and lower back pain. He is on significant high doses of Opioid medication, Soma and Neurontin. He has been on Oxycontin and Oxycodone. The injured worker complains of 50% reduction of pain relief with the medications. He was able to perform activities such as bathing, grooming, dressing, meal preparation. He states he would not be able to function without his medications. He rates his pain as 7 out of 10. A physician progress note dated 06-10-2015 documents the injured worker is functional on his medications and does not report any adverse side effects. He states his medications typically decrease his pain by than 60%. He rates his pain level at a 6. On 05-13-2015 and he has been slowly decreasing his amount of Oxycontin. He is averaging 4-5 tablets (a prescription was for 135 tablets) and on this date, it will be lowered to 120 tablets, or 4 tablets a day. He reports his pain at its least is 4 on a scale of 0 to 10 and at its worst it is 9 out of 10. With today's visit, his pain is 7 out of 10. Documented treatment to date has included diagnostic studies, medications. A Magnetic Resonance Imaging of the lumbar spine done on 12-12-2011 showed wedge compression deformity of L1 with vertebral body cement in it which is not significantly changed from July of 2011. Multiple degenerative changes scattered throughout the lumbar spine, which are unchanged from 2009, and degenerative disc degeneration and disc protrusion noted. There is moderate bilateral neuroforaminal stenosis at L5-S1. A cervical Magnetic Resonance Imaging

dated 07-16-2007 revealed multiple arthritic changes to the cervical spine with degenerative disc disease at C4-5 and C5-6. A Request for Authorization dated 08-05-2015 is for Ambien 10mg #30, Cymbalta, 60mg #60, Neurontin 300mg #180, Oxycodone 30mg #90, and Oxycontin 40mg #120mg and Lidoderm 5%(700mg) adhesive patch #30. On 08-13-2015 Utilization Review the requested treatment Lidoderm 5% (700mg/patch) adhesive patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) adhesive patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Lidoderm 5% (700mg/patch) adhesive patch #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm 5% is not medically necessary.