MAXIMUS Federal Services

Case Number:	CM15-0179325		
Date Assigned:	09/21/2015	Date of Injury:	09/04/2008
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/11/2015

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: Family Practice

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 50 year old female, who sustained an industrial injury on 9-04-2008. The injured worker was being treated for cervical disc disease, cervical radiculopathy, cervical myofascial pain syndrome, and status post cervical epidural steroid injection x3. Treatment to date has included diagnostics, epidural steroid injections, and medications. Currently (6-26-2015), the injured worker complains of cervical spine pain, rated 7 out of 10, and reported as increased since last visit "due to detox of Norco and Soma". She indicated sharp electrical sensations over the shoulders and occasional numbness and tingling. She reported taking Trazadone and Robaxin on an as needed basis. Exam noted tenderness to palpation along the cervical paraspinal muscles and query on muscle tone. Axial head compression and Spurling's were positive. Significant facet tenderness was noted, along with relief of pain with cervical distraction. There was diminished sensation at the C5 and C6 dermatomes bilaterally and muscle strength was 4 of 5 in those areas. Upper extremity reflexes were 2+, except 1+ in the left triceps. She was to start Gabapentin, Cymbalta, and Lidoderm patches. Her work status was not noted. The treatment plan included Lidoderm patches 5% (12 hours on, 12 hours off trandermally) #30, non-certified by Utilization Review on 8-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% (12 hours on, 12 hours off transdermally) #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), Topical Analgesics.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics including Lidoderm. These guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is the brand name for a lidocaine patch produced by [redacted]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic 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. In this case, there is insufficient evidence that the patient has undergone an adequate trial of any of the above noted first-line agents, including a tricyclic or SNRI antidepressant or an antiepilepsy drug such as gabapentin. Given the lack of documentation of the use of a first-line agent, there is no evidence to support the use of Lidoderm. The Lidoderm patch is not medically necessary at this time.