

Case Number:	CM15-0179643		
Date Assigned:	09/21/2015	Date of Injury:	11/07/2014
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 with an industrial injury dated 11-07-2014. Review of medical records indicate she is being treated for cervical strain and myofascial pain, left cervical radiculitis, thoracic strain and myofascial pain and lumbar sprain. She presents on 08-11-2015 with complaints of pain in the neck, left upper extremity and mid back. The pain is documented as being described as "shooting, dull, radiating, cramping and deep." The severity of pain is documented as 5-8 out of 10 and is described as "constant." The pain is documented as better with medicine, heat pad, massage, cold packs and acupuncture. The pain is documented as worse with heavy lifting, prolonged driving, sitting and standing. She was currently working. In the progress note dated 05-20-2015 the pain is documented as 8-9 out of 10. Her medications included Acetaminophen, Lidocaine patch, Motrin and Hydrocodone. Side effects are documented as "negative." Physical exam findings are documented as "diffuse tenderness" with the left greater than the right with decreased range of motion, "50% of normal with rotation and bending without evidence of deficit in strength or stability" (cervical spine). Physical exam of the thoracic spine are documented as "mild, diffuse" tenderness with good range of motion without evidence of deficit in strength or stability. Sensation is documented as intact to light touch and pin prick in bilateral upper extremities. Lumbar spine examination is documented as decreased range of motion, "75% of normal without evidence of deficit in strength or stability." Prior treatment included physical therapy, medications, chiropractic, acupuncture and massage. The treatment plan included physical therapy, Norco, Motrin, Tylenol and Tylenol. Urine drug screen was performed. Work status was "modified work." The provider documented

"The patient indicates that the Lidoderm patches have been helpful to decrease the burning pain in the left side of the neck and arm." Medical records indicate the injured worker had been using the Lidoderm patch at least since 05-20-2015. The treatment request is for retro Lidoderm patch 5% #30 with a DOS of 8/11/2015. On 08-26-2015 the request for retro Lidoderm patch 5% #30 with a DOS of 8/11/2015 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidoderm patch 5% #30 with a dos of 8/11/2015: 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 claimant sustained a repetitive motion work injury in November 2014 while working as a cashier and continues to be treated for neck, back, and left upper extremity pain. When seen, pain was rated at 5-8/10. Physical examination findings included diffuse cervical tenderness with decreased range of motion. There was mild diffuse thoracic spine tenderness with good range of motion. There was a nontender mid back subcutaneous cyst. Medications were refilled. Tylenol, Motrin, Norco, and Lidoderm were being prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.