

Case Number:	CM15-0062905		
Date Assigned:	04/08/2015	Date of Injury:	09/27/2008
Decision Date:	05/13/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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 52 year old female, who sustained an industrial injury on September 27, 2008. The injured worker was diagnosed as having blunt head trauma, cervical degenerative disc disease (DDD) and disc protrusion, bilateral cubital and carpal tunnel syndrome, right shoulder impingement, lumbar stenosis, lumbar disc degeneration, lumbar radiculopathy depression, sleep apnea, right tarsal tunnel syndrome, sexual dysfunction and urinary incontinence. Treatment and diagnostic studies to date have included pain management, epidural injections, trigger point injections, chiropractic, physical therapy, psychiatry and psychology and medication. A progress note dated March 10, 2015 provides the injured worker complains of increased pain neck, shoulder and in hands and feet. She has numbness and tingling in her extremities and bladder problems. She reports her anxiety and depression have also increased. Physical exam noted ambulation with a cane, cervical spasm and decreased range of motion (ROM), right shoulder tenderness with decreased range of motion (ROM), positive Tinel's of bilateral wrists and elbows, lumbar tenderness, spasm and decreased range of motion (ROM) and positive Tinel's of bilateral ankles. The plan includes oral medication and patches, continued specialist treatment and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with pain in the low back, neck, bilateral shoulders, bilateral hands and feet and depression and anxiety, secondary to her pain. The request is for LIDODERM 5% PATCHES # 60. Physical examination on 01/27/15 to the cervical spine and upper extremities revealed tenderness to palpation and spasm of the cervical spine. Range of motion was restricted. Tinel's and Phalen's tests were positive. Physical examination to the lumbar spine revealed tenderness to palpation. Range of motion was decreased in all planes. Patient has problems with balance and uses a cane to ambulate. Patient's treatments have included medications and physical therapy with benefits. Per 03/10/15 progress report, patient's diagnosis include chronic cervical and lumbar strain with radiculopathy, carpal tunnel syndrome complaints, and bilateral knee complaints. Patient's medications, per 03/10/15 progress report include Gabapentin, Symbicort, Aspirin, and Nitroglycerine. Patient is temporarily totally disabled. MTUS guidelines page 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 Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, it appears this is the initial trial prescription for the Lidoderm patch, as there is no documentation or discussion by treater of prior use by patient. The patient complains of pain in her bilateral hands and feet for which this medication may be indicated if they were neuropathic in nature. However, the patient also presents with low back, neck and shoulder pains for which this topical is not indicated and the treater does not the area that would be treated with Lidoderm. ODG Guidelines requires documentation of the area for treatment and an initial trial. The request does not meet guideline requirements and therefore, it IS NOT medically necessary.