

Case Number:	CM15-0071978		
Date Assigned:	04/22/2015	Date of Injury:	03/21/2002
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/15/2015

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: New Jersey

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 58 year old female, who sustained an industrial injury on 3/21/2002. The mechanism of injury was not noted. The injured worker was diagnosed as having cervicalgia, major depressive disorder, anxiety, insomnia, and chronic pain. Treatment to date has included cervical fusion in 2011, acupuncture, psychiatric treatment, physical therapy, and medications. Currently, the injured worker complains of pain in her neck, low back, and right knee. She reported episodes of pain that were so severe that she "blacks out". Tramadol ER, Lidoderm patches, and Celebrex helped pain by about 20%. Pain was rated 9/10 with medications and 10+/10 without. Cervical magnetic resonance imaging findings were referenced. Current medications included Lidoderm patches, Celebrex, Tramadol ER, Diprolene ointment, Zantac, Zanaflex, and Duloxetine. She requested a Toradol injection. The treatment plan included an administered Toradol injection and medication refills. Pain rating was also noted as 9/10 with medication and 10+/10 without in the progress note dated 11/11/2014. The use of Lidoderm was noted since at least at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was record of significant cervical spinal-related pain, included at times radiculopathy. However, there was no documentation of localized peripheral neuropathic pain to warrant lidocaine use. Also, there was a report of seeing only 20% reduction of pain with the use of lidocaine + other medications collectively, which doesn't sufficiently assess the effectiveness of lidocaine separately, which is required before considering any continuation of a medication. Also, although there was record of using Cymbalta, there was no documentation found which discussed its overall effectiveness or failure to treat the neuropathic pain as it appeared to be mainly used for depression/anxiety. Therefore, considering the above reasons, the request for Lidoderm is not medically necessary.