

Case Number:	CM15-0075296		
Date Assigned:	04/27/2015	Date of Injury:	10/03/2013
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 30 year old female, who sustained an industrial/work injury on 10/3/13. She reported initial complaints of pain to head, neck, and back. The injured worker was diagnosed as having chronic cervical disc protrusion at C5-6 and C6-7, cervical radiculitis/radiculopathy, industrial aggravation of the lumbar facet syndrome, lumbar radiculitis/radiculopathy. Treatment to date has included medication, physical therapy, and chiropractic therapy. Electromyography and nerve conduction velocity test (EMG/NCV) was reported on 10/21/14. Currently, the injured worker complains of pain to head, cervical, thoracic, and lumbar areas along with pelvic, buttock, right knee, and leg, and right shoulder and elbow pain. Per the primary physician's progress report (PR-2) on 2/20/15, pain was rated 8.5/10. There was numbness and tingling right posterior hand, right ankle, right foot, right lumbar areas. Complaints also included anxiety and stress, insomnia, and dizziness. Examination revealed palpable tenderness at cervical, upper thoracic, lumbar, left sacroiliac, bilateral buttock, bilateral posterior legs, mildly decreased range of motion to cervical spine and lumbar spine. The requested treatments include Lidoderm DIS 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Dis 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics, Lidocaine Page(s): 56-57,112.

Decision rationale: The MTUS Guidelines support the use of topical lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing headaches and pain neck and upper back, lower back, jaw, and right leg. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently supported this request. Further, the request was for an indefinite supply of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of topical lidocaine 5% patches is not medically necessary.