

Case Number:	CM15-0093674		
Date Assigned:	07/16/2015	Date of Injury:	09/14/2004
Decision Date:	08/18/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/14/2015

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: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 9/14/04. He reported increased back pain after jumping 5-6 feet from a burning truck and landing on his feet; he was previously injured on 6/9/04 while pulling a box and slipped backwards and reported pain in shoulder neck and whole back. The injured worker was diagnosed as having cervical sprain with left upper extremity radiculopathy, left shoulder impingement, left carpal tunnel syndrome with weakness, left lumbar sprain with radiculopathy, chronic pain and gastroesophageal reflux disease probably secondary to medications. Treatment to date has included chiropractic care, activity restrictions, oral medications including Tylenol, Nexium; topical Voltaren gel and Lidoderm; Transcutaneous electrical nerve stimulation (TENS) and a lumbar brace. Currently on March 10, 2015, the injured worker complains of low back pain with radiculopathy and weakness in left arm and left leg. He also notes cervical-occipital headaches with radiation to the left shoulder, numbness and tingling in hands at night and right and left knee pain. He noted generic Nexium was not helping. His work status is modified with restrictions. Physical exam performed on March 10, 2015 revealed tenderness in upper back and neck with reduced left shoulder raising and full grip, but left side is weak with breakthrough on pinch testing and pain ranges 6-8/10. A request for authorization was submitted for Tylenol-acetaminophen #90, Lidocaine 5% patch (Lidoderm), Nexium 40mg and Voltaren 1% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5% Qty 30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Lidoderm Page(s): 111-113, 56-57.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. 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). Lidoderm patches are not a first-line treatment and are 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. The injured worker has been prescribed Lidoderm for at least 5 years with documentation of decreased medication use with the use of Lidocaine patches, the injured worker appears to be responding favorably to the use of Lidocaine patches and the continued use is medically appropriate. therefore the request for Lidocaine patches 5% Qty 30 with 2 refills is medically necessary.