

Case Number:	CM15-0093691		
Date Assigned:	05/20/2015	Date of Injury:	02/02/2011
Decision Date:	06/22/2015	UR Denial Date:	05/01/2015
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: Connecticut, California, Virginia
 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 63-year-old male, who sustained an industrial injury on 2/2/11. The diagnoses have included cervical spine degenerative disc disease (DDD), cervical spine dysfunction, spinal stenosis, cervical spine myofascial pain and cervical spine Herniated Nucleus Pulposus (HNP)/bulge. Treatment to date has included medications, activity modifications, trigger point injections, epidural steroid injection (ESI) cervical and lumbar surgery and physical therapy. Currently, as per the physician progress note dated 4/2/15, the injured worker states that after the most recent trigger point injection he had about a week to 10 days of good relief after which the pain returned. He is experiencing severe spasms in the left side of his neck, shoulder blade and upper back region rated 8-9/10 on pain scale. He describes it as a burning aching spasm kind of pain that is worse with activity and even simple activities of daily living (ADL) like turning his neck causes excruciating unbearable pain. He also reports trouble with sleeping due to pain, and generalized weakness. The physical exam reveals moderate to severe acute distress. There is significant consolidation and spasm noted in the left periscapular and trapezius muscles. There is exquisitely tender myofascial trigger points noted in the cervical paraspinals as well as periscapular muscles and trapezius left greater than the right. The physician noted that this is worsened since the previous visit. Deep palpation causes a twitch response as well as radiation into the upper extremities, neck and scapula. The current medications included Ketorolac Tromethamine, Lidoderm patch, valium, Veniafaxine, Flector patches, Viataril, Percocet, Flexeril, Vicodin, and Colace. There was no diagnostic studies noted in the records and there was no urine drug screen reports included in the records. Treatment plan was that since he has had a posterior fusion he would not be a candidate for spinal cord stimulator and therefore the only option he has now is a pain pump. He has tried various interventional procedures including trigger point injections and epidural steroid injection (ESI) without benefit. The physician noted he will refer him for consideration of a

pain pump. The physician requested treatment included Lidoderm patches 5% #30 topically for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches Page(s): 56-57.

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case, the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches as the patient is now being considered for a pain pump, and therefore the request for topical lidocaine at this time is not considered medically necessary.