

Case Number:	CM15-0096752		
Date Assigned:	05/27/2015	Date of Injury:	10/23/1985
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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:

This 59-year-old man sustained an industrial injury on 10/23/1985. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 8/5/2014, lumbar spine MRI dated 8/1/2014, and electromyogram and nerve conduction studies dated 9/5/2014 and 7/26/2013. Diagnoses include cervical spondylosis with radiculopathy, chronic neck pain, lumbar polyradiculopathy, lumbar spondylosis, and myofascial pain syndrome. Treatment has included oral and topical medications, physical therapy, home exercises, TENS unit, and surgical intervention. Physician notes dated 4/30/2015 show complaints of shoulders, back, and leg pain rated 9/10. There is documentation of increased neuropathic pain with numbness and tingling to the right thigh down to the feet and increased burning to the bilateral hips. Recommendations include decrease Gabapentin, begin Lyrica, Lidoderm patch, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% quantity 60 with six refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient presents with pain in the cervical spine and the lumbar spine radiating into the hip and lower extremities bilaterally. The request is for lidocaine patch 5% quantity 60 with six refills. Patient is status post transforaminal lumbar interbody fusion decompression surgery 10/04/12, and right knee surgery, date unspecified. Physical examination to the cervical spine on 02/06/15 revealed tenderness to palpation over the paracervical muscles. Physical examination to the lumbar spine revealed tenderness to palpation over the paraspinal muscles. Patient's treatments have included physical therapy, home based exercise, and TENS unit. Per 04/30/15 progress report, patient's diagnosis includes cervical spondylosis with radiculopathy, chronic neck pain, lumbar polyradiculopathy, lumbar spondylosis, and myofascial pain syndrome. Patient's medications, per 02/06/15 progress report include Nerrontin, Norco, Adovart, Claritin, Flomax, Lipitor, Vitamin B-12, Hydrochlorothiazide, and Levothroxine. Patient's work status was not specified. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." When reading ODG guidelines, it specifies that Lidocaine patches be 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. The treater does not discuss this request. Review of the reports do not show prior use of this medication. In this case, the patient is diagnosed with cervical spondylosis with radiculopathy, chronic neck pain, lumbar polyradiculopathy, lumbar spondylosis, and myofascial pain syndrome and does not present with localized, peripheral neuropathic pain for which this medication is indicated. This topical is also not indicated for axial spinal pains, or joint pains. The request is not in line with guideline recommendations and therefore, it is not medically necessary.