

Case Number:	CM13-0014270		
Date Assigned:	12/11/2013	Date of Injury:	06/19/2007
Decision Date:	03/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female who reported an injury on 06/19/2007. The mechanism of injury was not provided. The patient was noted to have a right shoulder surgery on 07/27/2012. The patient's medications were noted to include Neurontin 600 mg twice a day, Celebrex 200 mg daily, Colace 100 mg twice a day, Prilosec 20 mg daily, Wellbutrin 75 mg daily and Lidoderm 5% patches 2 daily. The patient had tenderness in the bilateral paralumbar musculature, and the range of motion of the lumbar spine was restricted by pain. The diagnoses were noted to include right upper extremity pain, CRPS with possible rheumatologic component, cervicgia with myofascial pain and spasm, right paracervical muscles, right shoulder impingement, headaches, cervicogenic versus occipital neuralgia, status post right shoulder surgery on 07/27/2012, and low back pain, rule out facet arthropathy. The treatment plan was noted to include Lidoderm patches two 12 hours on and 12 off for neuropathic pain #60, Neurontin 600 mg 3 times a day for neuropathic pain, psychological treatment, spinal consult, Wellbutrin 75 mg, Colace 100 mg, Celebrex 200 mg and a follow-up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60 (two daily): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for postherpetic neuralgia. The clinical documentation submitted for review failed to provide the objective functional improvement received from the medication. There was a lack of documentation of an objective decrease in the VAS score with the use of the medication. Given the above, the request for Lidoderm patches 5% #60 two daily is not medically necessary.