

Case Number:	CM13-0022115		
Date Assigned:	11/13/2013	Date of Injury:	08/07/2007
Decision Date:	01/09/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

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 Family Practice and is licensed to practice in California. 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 60-year-old male who sustained an occupational injury on 08/07/2007 with an unknown mechanism of injury. The patient's subsequent diagnoses include cervical radiculopathy, left shoulder pain, chronic pain, medication-related dyspepsia, and status post left shoulder surgery with residual. The patient's treatment history includes oral medications, surgical intervention to the left shoulder, physical therapy, ongoing home exercise program, and activity modification. The patient's current medications include naproxen, Ambien, tizanidine, pantoprazole, Norco, ibuprofen, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (unknown dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. These agents are applied locally 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; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. In regards to Lidocaine in a transdermal application, it is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. According to the documentation submitted for review from 10/14/2013, the patient presents with ongoing complaints of neck pain that radiates to the left shoulder. He also has complaints of left shoulder pain with average pain rated at 5/10 in severity with medications and 9/10 in severity without pain medications. Objective documentation on that date revealed a significant increase in pain with flexion, extension, and rotation, as well as spinal vertebral tenderness noted at the C4-7 level. Given that the recommendations indicate the use of a Lidoderm patch is not a first line treatment and should only be used after there is evidence of a trial of a first line therapy, like a tricyclic or SNRI antidepressant or other antiepileptic drugs such as gabapentin or Lyrica, with no evidence that any of these medications have been tried and failed, the request for Lidoderm patch cannot be supported. The request for Lidoderm patches is not medically necessary and appropriate.