

Case Number:	CM13-0039385		
Date Assigned:	12/18/2013	Date of Injury:	06/26/2009
Decision Date:	03/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/04/2013

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, has a subspecialty in Interventional Spine 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 50-year-old male with date injury of 06/26/2009. The listed diagnoses per [REDACTED] dated 08/28/2013 are: 1. Chronic pain syndrome. 2. Rotator cuff sprain and strain. 3. Hypertension. 4. Diabetes mellitus without mention of complication. 5. Overweight. 6. Cervical spondylosis with myelopathy. 7. Status post diagnostic medial branch block, 05/20/2013. 8. Status post radiofrequency procedure at C4, C5, and C6, 01/14/2013. 9. Status post right medial branch block at C4, C5, and C6, 10/01/2012. According to progress report 08/28/2013 by [REDACTED] the patient complains of bilateral shoulder and neck pain. The patient states that the headaches on the left side have been successfully treated with radiofrequency lesioning, but he does have some neuropathic pain following the procedure. He reports stiffness and a popping sensation in the left shoulder but no swelling in the area. He is unable to abduct his arm more than 90 degrees and has difficulty his thoracic spine. He is also complaining of pain in the left wrist and the left hand with tingling and numbness affecting the 1st and 2nd digits and pain affecting the 5th digit. Physical examination shows the patient is well nourished, obese, pleasant. Range of motion in the neck is diminished, no scars were noted. Testing for Spurling sign causes pain in the neck, minor pain to the shoulders, and no pain radiating to the arms. Extremity showed a full range of motion, normal muscle mass and muscle tone. Neurological exam shows cranial nerves are within normal limits. Upper extremity sensory exam is normal. Treater is requesting a refill for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

one prescription of Lidoderm 5% #12 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications Page(s): 37,38.

Decision rationale: This patient presents with chronic shoulder and neck pain. Utilization review dated 09/10/2013 denied the request stating that the patient has failed multiple medications and interventional procedures and considering the absence of neuropathic pain or localized peripheral pain, the use of Lidoderm patches does not appear to be medically appropriate. MTUS Guidelines page 56 and 57 on Lidoderm patches, recommends topical lidocaine for localized peripheral pain after there has been evidence of a trial or first line of therapy. MTUS goes onto state, "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, although the patient presents with localized shoulder and neck pain, the patient does not have a clear neuropathic pain. While the patient has radicular symptoms, this is not localized but diffuse. Furthermore, the treater does not state what and where Lidoderm is used. It is likely used for the patient's shoulder and neck pain that are not neuropathic. Recommendation is for denial.