

Case Number:	CM13-0042971		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2012
Decision Date:	02/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/21/2013

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 & Rehabilitation 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 26-year-old female who reported a work-related injury on 10/13/2012; the specific mechanism of injury was a strain to the right shoulder and cervical spine. The patient presented for treatment of the following diagnoses: chronic cervical pain with moderate right neural foraminal narrowing at C3-4, chronic thoracic myofascial pain secondary to a cervical problem, history of lumbar myofascial pain, probable muscle contraction headaches, bilateral shoulder sprain, dyspepsia due to ibuprofen and morbid obesity. The clinical note dated 09/17/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient reported continued pain about the cervical spine, upper back and right shoulder. The provider documented that the patient was currently working on light duty. The provider documented that upon physical exam of the patient's cervical spine, flexion was noted to be at 20 degrees with extension of 20 degrees and bilateral rotation of 60 degrees. The provider documented that the patient was to continue amitriptyline 1/2 of a 25 mg tab at night. In addition, the provider was recommending the utilization of Lidoderm pain patches at 1 to 3 per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009)..

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

Decision rationale: The current request is not supported. The provider is recommending that the patient utilize Lidoderm patches as the patient has already been tried on amitriptyline. As the California MTUS indicates, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy, such as gabapentin or Lyrica, or tricyclic or SNRI antidepressants. However, the provider documented that the patient was to continue utilizing amitriptyline. The clinical notes failed to evidence any significant objective findings of symptomatology to support the requested medication for the patient at this point in her treatment. The provider did not indicate what other active recent treatment modalities the patient had utilized for her moderate complaints of pain about the cervical spine. Given all of the above, the request for Lidoderm patches #90 with 3 refills is neither medically necessary nor appropriate.