

Case Number:	CM13-0045183		
Date Assigned:	12/27/2013	Date of Injury:	03/14/2001
Decision Date:	02/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and the District of Columbia. 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 62-year-old female with a 3/14/2001 date of injury. The mechanism of Injury is noted to be repetitive injury to the neck, right shoulder, both forearms, hands, and wrists. The patient reports that due to prolonged work at her computer she noticed pain in the neck, right shoulder, forearms, hands and wrists by 2001. On 3/14/01 she was seen by [REDACTED] who recommended an ergonomic evaluation. This was done by a physical therapist. Physical therapy was also started on continued through 2001 and into 2002. She continued to have ongoing symptoms however affecting the right shoulder and neck. She continued under the care of [REDACTED]. She was given medications. She was given one visit of acupuncture but she did not pursue it once she moved. She was evaluated by [REDACTED] on 8/27/03. Physical therapy and massage was continued. She was given medication and a low back support. Surgery first rib resection has been discussed as a last resort. She saw a hand surgeon, [REDACTED], who confirmed the thoracic outlet diagnosis. She was told that he wanted further testing before proceeding with surgery. She believes she is waiting for authorization for some sort of pulse reading test on an outpatient basis. Currently she sees [REDACTED] every 6-7 weeks for follow-up and medication. Her physical therapy has not been authorized since September 2004. Her massage therapy authorization stopped in July 2004. She pays for massages out of pocket currently. A 10/7/13 progress note states that the patient's pain has returned after the Botox injection. There is neck pain with right arm pain and increased headache. The diagnosis is thoracic outlet syndrome with a flare of symptoms. Conservative treatment has included activity modification, medication, acupuncture, and Botox injection. At issue is the prescription of Lidoderm patch which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches 1 box use over painful area lateral side of right neck and shoulder blade pain area with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain Chapter Topical Analgesics-Lidoderm Patch

Decision rationale: There is no evidence that the first line therapy (Amitriptyline, Gabapentin or Lyrica) have been tried and failed, nor is there any indication that she is intolerant or unresponsive to these medications. The guideline states that there should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Furthermore, Lidoderm Patch is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.