

Case Number:	CM14-0008516		
Date Assigned:	02/12/2014	Date of Injury:	03/01/2007
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurosurgery 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 expert 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 injured worker is a 43 year old female who sustained an injury on 03/01/07. No specific mechanism of injury was noted, record stating cumulative trauma. The injured worker was being followed for complaints of pain in the right shoulder in the bilateral shoulders neck low back left hip and left lower extremity. Prior conservative treatment included trigger point injections and chiropractic adjustments. It appeared that the injured worker was assessed with a thoracic outlet syndrome and was provided stellate ganglion blocks. The injured worker also received Botox injections for muscular spasms and pain. Other treatment included platelet rich plasma injections. A PR2 report from 07/09/13 was very difficult to interpret due to poor handwriting and copy quality. Documentation shows overall improvement and was released to full duty. Physical examination findings could not be interpreted. A PR2 report on 01/09/14 indicated the injured worker had persistent pain in the left shoulder. Physical examination noted tightness within the left shoulder. This note was brief and difficult to interpret due to poor handwriting and copy quality. The requested Lidoderm 5% patches quantity 60 with two refills was denied by utilization review on 01/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCHES #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, TOPICAL LIDOCAINE/.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDODERM, 56.

Decision rationale: In regards to the requested Lidoderm patches 5% quantity 60 with 2 refills, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Lidoderm patches are considered an option in the treatment of neuropathic pain that has failed to improve with first line medications such as antidepressants or anticonvulsants. In this clinical scenario, the injured worker did not present with any clear ongoing objective clinical findings consistent with neuropathic condition. There is also minimal clinical documentation regarding prior medications usage including antidepressants or anticonvulsants which were ineffective in addressing any neuropathic complaints. Given the limited indications for Lidoderm patches in this case, the request is not medically necessary or appropriate.