

Case Number:	CM14-0104376		
Date Assigned:	09/16/2014	Date of Injury:	11/16/1978
Decision Date:	10/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 11/16/1978. Per pain management progress note dated 6/25/2014, the injured worker complained of right shoulder pain. He reports his pain is at 8/10. He reports that he has been taking his medication that have been helping out with his pain. When not taking appropriately he gets constipated. He reports he has been getting epidural injection done on his back, the last on 4/29/2014. He reports that there was no affect or change in his pain after the right L3-4, L4-5 transforaminal epidural steroid injection. He reports that pain starts from the right hip radiation to his leg. On examination he appears to be in some discomfort while seated during the office visit. He sits in his scooter. He is status post right above knee amputation. He ambulates with the motorized scooter independently. Left shoulder has approximately 50 % less than normal range of motion of the left shoulder. All motion elicits pain, passive range of motion with elbow abducted away from body more than 15% elicits neck and left shoulder pain. Right shoulder is diffusely tender to palpation anteriorly and all range of motion is very painful and restricted by 75% or more in all planes at this time. Severe pain is elicited with any abduction greater than 45 degrees and elicits painful palpable crepitus which is also sometimes audible. All lumbar motion elicits pain and he is unable to sit fully upright as lumbar flexion is limited to 75 degrees by pain elicited over low back, he sits leaning/slouched in chair to limit pain. Lumbar rotation is not possible and movement from wheelchair to exam table is prevented by pain today. Severe tenderness to palpation over lateral hips, moderate tenderness to palpation over entire left shoulder, posterior neck and lumbosacral spine. Dysesthesia is present over left lateral shoulder, arm, forearm, and hand. There is desesthesia over right remaining upper thigh stump. Dysesthesia is present along left posteriolateral right leg and lateral foot. Diagnoses include 1) chronic pain syndrome 2) thoracic or lumbosacral neuritis or radiculitis, 3) degeneration of lumbar or lumbosacral intervertebral disc 4) spinal stenosis of

lumbar region 5) lumbar facet joint pain 6) sacroiliitis, bilateral 7) hip joint painful on movement, bilateral 8) bursitis of hip, bilateral 9) shoulder joint pain, left 10) chronic neck pain 11) spasm of muscle 12) dysesthesia 13) myalgia and myositis 14) chronic constipation, pain medication induced 15) reactive depression, pain induced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend topical lidocaine in the form of a dermal patch for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The medical documentation does not indicate that there has first been failure of treatment with the use of a first-line therapy such as a tri-cyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. Medical necessity for this request has not been established. The request for Lidoderm 5% patch #30 is determined to not be medically necessary.