

Case Number:	CM14-0150943		
Date Assigned:	09/19/2014	Date of Injury:	07/16/2009
Decision Date:	10/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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:

The patient is a 47-year-old female who has submitted a claim for shoulder joint pain, bilateral wrist pain, cervical pain, cervical disc disorder, carpal tunnel syndrome, and right radial styloid tenosynovitis associated with an industrial injury date of 7/16/2009. Medical records from 8/17/2010 up to 9/18/2014 were reviewed showing neck and bilateral shoulder pain. Pain travels down both her arms and fingers and is worsened by activity. Pain is rated at 5/10 with medications and 9/10 without medications. Her activity level remains decreased. Physical examination revealed limited cervical spine and right shoulder ROM due to pain. Hawkin's test, Speed's test, and tenderness were noted over bilateral shoulders. Finkelstein test was positive on right wrist. Sensory examination remains dull with diminished sensation to light touch over the bilateral upper extremities. Treatment to date has included CESI, Lidoderm, Neurontin, temazepam, Fentanyl, Norco, Levothyroxine, Paxil, and omeprazole. Utilization review from 9/4/2014 denied the request for Lidoderm 5% patches #30. Patient had no objective and measurable functional improvement. Activity level remained the same. There is no evidence of a reduction of medication use, reduced dependency, or return to work as a direct result of this long-term Lidoderm use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that Lidocaine patch is indicated only for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). It is not recommended for non-neuropathic pain. In this case, the patient has been using Lidoderm patches since 2011. She has neck and bilateral shoulder pain which travels down both her arms and fingers and is worsened by activity. Pain is rated at 5/10 with medications and 9/10 without medications. Physical examination revealed limited cervical spine and right shoulder ROM due to pain. Hawkin's test, Speed's test, and tenderness were noted over bilateral shoulders. Finkelstein test was positive on right wrist. Sensory examination remains dull with diminished sensation to light touch over the bilateral upper extremities. Patient is also taking Neurontin. The patient has subjective benefit from the use of Lidoderm patches and currently taking a first line therapy, i.e., Neurontin, for her peripheral pain. Therefore the request for Lidoderm 5% patches #30 is medically necessary.