

Case Number:	CM14-0164646		
Date Assigned:	10/10/2014	Date of Injury:	08/02/2012
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This case involves an injured worker who sustained an injury on August 2, 2012. A utilization review termination dated September 25, 2014 recommends non-certification of Lidoderm patches. A progress report dated September 17, 2014, identifies subjective complaints of muscle spasm in the shoulder which are improved with his muscle relaxant medication. The pain radiates from the neck to the right upper extremity. The spasms and pain are improved with his medication. Objective examination findings reveal weakness and numbness in the right C5 and C6 distribution. The patient also has positive cervical tenderness and restricted range of motion in the right shoulder and cervical spine. Diagnoses included right shoulder internal derangement status post arthroscopy, possible cervical radiculopathy, and possible left shoulder internal derangement. The treatment plan recommends an MRI of the patient's cervical spine and urine drug screen. A prescription dated September 17, 2014 include Celebrex, Lidoderm, and Ultram.

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 Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.