

Case Number:	CM14-0050509		
Date Assigned:	06/25/2014	Date of Injury:	08/26/1997
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Sports Medicine, and is licensed to practice in Texas and New York. 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 59-year-old female with a reported date of injury on 8/26/97. The injury occurred while the worker was performing her duties in the public school system. The injured worker presented with neck, back, shoulders, elbows, wrist, rib cage, and left knee pain. The documentation indicated that the injured worker previously participated in physical therapy and conservative care, the results of which were not provided within the documentation available for review. Upon physical examination, the injured worker's left shoulder exam revealed mildly restricted rotation and abduction, tenderness on left bicep, and forward flexion to 120 degrees. The cervical spine evaluation revealed peripheral spasm, deep tendon reflexes were normal bilaterally, with normal sensory and motor exam. Lumbosacral spine on physical exam revealed normal sensory, and abnormal foot weakness in the right foot. The lumbar spine MRI dated 8/8/13 revealed dextroscoliosis at 10 degrees, and diffuse lumbar degenerative disc disease. The injured worker's diagnosis included left rotator cuff repair, chronic cervical strain/myofascial pain syndrome, headaches, left lateral epicondylitis and chronic mechanical low back pain. The injured worker's medication regimen include Lidoderm patches, Biofreeze, Ultram, and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Adhesive Patch, Medicated 5% (700mg/Patch) Topical.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 112.

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

Decision rationale: The California MTUS Guidelines state that Lidoderm is a brand name for lidocaine patches. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). Lidoderm is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is a lack of documentation related the injured worker's functional deficits to include range of motion values. The clinical information provided for review lacks documentation related to the injured worker's previous physical therapy and conservative care. There is a lack of documentation related to a trial of first line therapy. According to the clinical documentation provided for review, the injured worker has been utilizing Lidoderm patches prior to October 2009. There is a lack of documentation related to the therapeutic and functional benefit related to the long term utilization of Lidoderm. In addition, the guidelines state that Lidoderm is not a first line treatment and is only FDA approved for postherpetic neuralgia. The request as submitted failed to provide frequency and specific site at which the Lidoderm was to be utilized. As such, the request is not medically necessary.