

Case Number:	CM14-0084020		
Date Assigned:	07/21/2014	Date of Injury:	11/07/2012
Decision Date:	10/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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:

This is a 65-year-old female who sustained injury on 11/07/2012 while she was on top of a ladder and was moving pots from the top of a refrigerator. She twisted to move the pots when she felt pain in the back of her neck, trapezius and shoulder blades. 11/21/2012 - Doctor's First Report of Occupational Injury documented the following diagnoses, cervical/thoracic strain and right trapezius strain with a strain of her neck and right shoulder and arm. Cervical spine x-rays were normal. The patient was referred to physical therapy and medications were prescribed. She was placed on a modified duty. Treatment history includes medications, physical therapy, chiropractic care, acupuncture, and injections. Medication treatment includes Tramadol/acetaminophen and alprazolam. 02/11/2013 - EMG of the right upper extremity was normal. 12/16/2013 - Thoracic spine MRI showed mild degenerative changes superimposed on a background of borderline congenital canal narrowing. A progress report dated 05/13/2014 indicates she presented with continued mid back pain. She requested a trial of Lidoderm patch and gel. She was not working. Physical exam was not performed. Diagnoses included pain in thoracic spine, sprain shoulder/arm nos, and regional myofascial pain syndrome of the neck and shoulder girdle. UR dated 05/20/2014 indicates the request for Lidocaine patch was denied because there is no current documentation of neuropathic pain symptoms, physical exam findings indicative of radiculopathy, or failed first-line therapy. 06/16/2014 - Agree Medical Evaluation documented that the patient was taking medication for high blood pressure bid, high cholesterol daily and a pain medication(could not recollect the name) 1-2 tablets per day. She was taking natural supplements for depression (Nutri-calm) which was not prescribed by the doctor. On examination, palpatory discomfort in her upper spine, neck and upper chest wall was noted. Sensation was normal throughout. Muscle testing for both upper and lower body was normal. Reflexes were 2+ at the biceps, brachioradialis, triceps, knees, and ankles. Ulnar and

Median Tinel's and Phalen's tests were negative bilaterally. The following diagnoses were listed, Status post 10/21/02 work-related back injury. 12/27/02 lumbar MRI 3-mm small disc protrusion at L5-S1. Status post 11/07/12 upper spine work-related injury. Spine degenerative changes per MRIs, Hypertension, Psychiatric Comorbidity and Chronic Pain Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the CA Medical treatment Utilization Schedule 2009: Chronic Pain Medical Treatment Guidelines, p. 111, topical analgesics are Recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. P.112, Lidocaine Indication: Neuropathic pain Recommended 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). Non-neuropathic pain: Not recommended. Review of the medical records does not support a documentation of failure of previous trials of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Therefore a trial of Lidocaine patches is not supported.