

Case Number:	CM14-0085923		
Date Assigned:	07/23/2014	Date of Injury:	01/07/2010
Decision Date:	09/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female who has submitted a claim for cervical sprain/strain with radiculopathy, right shoulder rotator cuff tendonitis, ulnar neuropathy, and right side greater than left carpal tunnel syndrome (CTS) associated with an industrial injury date of January 7, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent neck, right upper back and right shoulder pain. This was associated with tingling sensation of the fingers of both hands. On examination of the neck, patient was found to have tightness/tenderness of bilateral cervical paraspinal muscles. Range of motion is as follows: flexion of 40 degrees, extension of 30 degrees, bilateral rotation of 75% of normal, side bending of approximately 20 degrees with pain at the end of right-sided side bending. Trigger points of bilateral upper trapezius muscles and right middle trapezius muscle were identified. Examination of the upper extremities revealed decreased range of motion of the right shoulder with forward flexion approximately 110 degrees and abduction of 90 degrees with positive impingement signs noted with positive Neer's and Hawkin's. Examination of the right wrist also revealed positive Tinel's and Phalen's after 20 seconds. Examination of the right elbow revealed tenderness in the medial epicondyle. A magnetic resonance imaging (MRI) of the cervical spine showed evidence of mild bulging and mild right-sided foraminal narrowing at C5-6 and mild bulging at C6-7. Treatment to date has included one right shoulder arthroscopy, translaminal C7-T1 epidural steroid injection, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy and medications (Duexis, Nexium, Lidoderm, pregabalin and Voltaren gel). Utilization review from May 6, 2014 denied the request for Lidoderm Patches #60 because accordingly, Lidoderm is supported only for localized neuropathic pain; it is not supported for musculoskeletal pain or radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111.

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

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRIs) anti-depressants or an antiepilepsy drug(AED) such as gabapentin or Lyrica). In this case, the patient had signs of neuropathy as evidenced by the positive Tinel's and Phalen's sign. She had also been on Lyrica since at least October 2013; however, symptoms persisted. Prescription of lidocaine patch is a reasonable treatment option at this time. Guideline criteria were met. Therefore, the request for Lidoderm patches #60 is medically necessary.