

Case Number:	CM14-0131419		
Date Assigned:	08/20/2014	Date of Injury:	09/09/2011
Decision Date:	07/09/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 44-year-old female, with a reported date of injury of 09/09/2011. The diagnoses include cervical disc disease, right shoulder impingement syndrome, right shoulder acromioclavicular separation, and lumbar disc syndrome. Treatments to date have included an x-ray of the right shoulder on 03/05/2012, x-ray of the lumbar spine on 02/10/2012, x-rays of the thoracic spine on 10/21/2011 and 02/10/2012, x-ray of the cervical spine on 10/21/2011, an MRI of the cervical spine on 09/30/2013, an MRI of the lumbar spine on 09/30/2013, oral medications, topical pain medications, cortisone injection to the right shoulder in 08/2013 which provided two months of relief, five months of acupuncture treatment, three months of physical therapy, and home exercise program. The orthopedic follow-up examination dated 06/09/2014 indicates that the injured worker complained of neck pain, rated 8 out of 10; and right shoulder pain, rated 8 out of 10. The objective findings include decreased cervical spine range of motion with pain, positive right shoulder depression test, right foraminal compression test, tenderness to palpation of the right rotator cuff expander with point tenderness of the acromioclavicular joint, decreased right shoulder range of motion and limited by pain, and right shoulder impingement test. The treating physician requested pain management consultation to discuss possible epidural injections and Lidoderm patches 5% #30 to be applied externally over the right shoulder, twelve hours on and twelve hours off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine page(s): 111-112.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. There is no documentation of failure of first line neuropathic pain medications. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not certified.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines pg 127 and ODG Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of

medical stability. The patient has ongoing pain despite conservative therapy. The referral for a pain specialist would thus be medically necessary and approved.