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| Case Number: | CM14-0191639 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 07/28/2008 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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:

The injured worker is a 45 year old female with a date of injury of July 28, 2008. Results of the injury consist of increased pain in the neck and shoulders. Diagnosis include sprains and strains of neck, pain in joint of forearm, tenosynovitis of hand and wrist not elsewhere classified, and spasm of muscle. Treatment modalities include physical therapy which gave moderate relief, fourteen sessions of acupuncture, home exercise program, and psychotherapy twice monthly. X-ray of the left shoulder dated January 9, 2014 showed a negative shoulder. X-ray of the cervical spine dated January 9, 2014 showed slight scoliosis or spasm convex to the right. Progress report dated October 23, 2014 noted right shoulder tenderness with palpation over the acromioclavicular joint and right upper trapezius and levator scapulae muscle. There was also tenderness with palpation over the bicep tendon insertion and trapezius to the right side of the neck tight muscle band. Work status was permanent and stationary with restrictions. Treatment plan included follow up care, Lidoderm patches, and ibuprofen. Utilization review form dated October 30, 2014 non certified Lidoderm 5% 1 patch (unknown quantity) to the right upper extremity 12 hours on/off due to lack of compliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for lidoderm 5% 1 patch (unknown quantity) to the right upper extremity 12 hours on/off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "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)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. Given all of the above, the requested Lidoderm is not medically necessary.