

Case Number:	CM14-0195956		
Date Assigned:	12/03/2014	Date of Injury:	11/06/2013
Decision Date:	01/15/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old man who sustained a work related injury on November 6, 2013. Subsequently, he developed chronic neck and shoulder pain. According to the progress report dated October 1, 2014, the patient reported pain in the neck, head, right shoulder, right elbow, and the right wrist as well as both arms. The patient rated his pain level at 6-9/10. He reported more pain in the back of the head that radiates to both jaws. He had frequent shocking pain sensation in these areas. Since the right shoulder surgery in May 2014, the patient had 12 sessions of physical therapy. The patient reported decreased range of motion in the right shoulder. Objective findings included: neck flexion to 20 degrees and extension 15 degrees, right upper extremity laterally abducts to 80 degrees, right elbow extension was 180 degrees and flexion was 155 degrees, and right wrist flexion and extension were 25 degrees. The patient was diagnosed with discogenic cervical condition with facet inflammation, shoulder girdle involvement and headaches, right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation, bicipital tendonitis, ulnar nerve neuritis on the right, chronic pain syndrome, and carpal tunnel syndrome on the right. The provider requested authorization to use Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.