

Case Number:	CM14-0208092		
Date Assigned:	12/22/2014	Date of Injury:	01/24/2005
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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 Emergency 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:

Patient with reported date of injury on 1/24/2005. Mechanism of injury is noted as cumulative trauma. Patient has a diagnosis of discogenic cervical condition post radiofrequent ablation; R shoulder impingement post decompression and distal clavicular excision; R upper extremity overuse, L shoulder overuse, GERD, TMJ syndrome, constipation, headaches and sleep problems. Medical reports reviewed. Last report available until 12/17/14. Patient complains of shoulder pain mostly to L side. Received shoulder injection with no improvement. Objective exam reveals limited neck flexion and shoulder range of motion. Tenderness to trapezius bilaterally and mild weakness along rotator cuff and bicep tendon. Pt is retired and has not worked since 2007. Lidoderm patches were prescribed on 10/3/14 for unknown reason. No rationale was documented. Independent Medical Review is for Lidoderm patches 5%. Mediations include Norco, Trazodone, Nalfon, Gabapentin. Prior Utilization Review on 11/21/14 recommended non-certification. It approved Gabapentin, Trazodone, Norco and Nalfon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%: Upheld

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

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

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as such as spinal pain. The lack of proper physical exam report also does not support its use. It may occasionally be recommended after failure of 1st line treatment for neuropathic pain which is not documented. Lidoderm patches are not medically necessary.