

Case Number:	CM14-0209271		
Date Assigned:	12/22/2014	Date of Injury:	03/01/2011
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female who was injured on 3/1//2011. The diagnoses are cervical radiculopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, right trochanter bursitis, upper extremities joints and neck pain. There were associated diagnoses of insomnia, headache and major depression. The 2012 MRI of the cervical spine showed C5-C6 and C6-C7 disc bulges with neural foraminal narrowing. The patient completed PT and cervical epidural steroid injections with beneficial effects. On 10/29/2014, [REDACTED] noted subjective complaint of neck pain radiating to bilateral upper extremities. The pain score was rated at 10 /10 on a scale of 0 to 10. There were objective findings of tenderness to palpation of the cervical paraspinal muscles and decreased sensation on bilateral C6 dermatomes. The medications listed are Tramadol, Norco, gabapentin, Lidoderm and topical creams. A Utilization Review determination was rendered on 11/18/2014 recommending non certification for Lidoderm patches 1 box 3 RF.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches, 1 box with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Topical Analgesics

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized as a second line option for the treatment of localized neuropathic pain when treatments with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathic pain. The diagnoses are cervical radiculopathy and pain located in multiple joints and body regions. There is no documentation of failure of first line medications. The guidelines recommend the use of antidepressant and anticonvulsants with analgesic actions in patients with chronic patients with associated psychosomatic conditions such as insomnia and depression. The criteria for the use of Lidoderm patch 1 box 3 RF was not met.