

Case Number:	CM15-0002308		
Date Assigned:	01/13/2015	Date of Injury:	03/18/2011
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old male sustained work related industrial injuries on March 18, 2011. The injured worker was diagnosed and treated for left shoulder labral tear, cervical sprain/strain, and cervical radiculopathy. Treatment consisted of radiographic imaging, prescribed medications, consultations and periodic follow up visits. Per treating provider report dated 11/03/14, the injured worker complained of neck pain, lower back pain and shoulder pain. Objective findings revealed spasm of the neck and left shoulder with decreased range of motion in left shoulder and decrease range of motion of the cervical spine. There was also decreased sensory noted in the left medial hand. The treating physician prescribed Lidocaine patch #30 now under review. On December 11, 2014, the Utilization Review (UR) evaluated the prescription for requested on Lidocaine patch #30. Upon review of the clinical information, UR non-certified the request for Lidocaine patch #30, noting the MTUS Guidelines. On January 6, 2015, the injured worker submitted an application for IMR for review of Lidocaine patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 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 Endo Pharmaceuticals. 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.