

Case Number:	CM15-0008649		
Date Assigned:	01/26/2015	Date of Injury:	05/25/2006
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who reported an injury on 05/25/2006. The mechanism of injury was not specifically stated. The current diagnoses include chronic neck pain, degenerative cervical spondylosis, myofascial pain syndrome, pain disorder, and insomnia secondary to chronic pain. The injured worker presented on 12/22/2014 with complaints of increasing pain in the cervical spine. The injured worker was status post left endoscopic carpal tunnel release on 11/13/2012. Previous conservative treatment also included TENS therapy. Upon examination of the right shoulder, there was persistent pain with physical disability. The provider indicated that the injured worker had progressive radicular pain into the bilateral upper extremities, right greater than left. The pain appeared to be in the C5-6 dermatomal distribution. The injured worker had severe degenerative spondylosis of the cervical spine with marked central spinal stenosis at C4-6. A surgical evaluation regarding the cervical spine was recommended at that time. Additionally, a left stellate ganglion block was requested. The injured worker was instructed to continue with the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5 Percent Apply 1-3 Every Day #60: 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: California MTUS Guidelines state lidocaine has been FDA approved in the formulation of a dermal patch and is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclics or SNRI antidepressants or an anticonvulsant, such as gabapentin or Lyrica. Within the documentation provided, there was no mention of a failure to respond to first line oral medication prior to the initiation of Lidoderm patch. Therefore, the medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.