

<b>Case Number:</b>	CM15-0105687		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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

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 48-year-old female patient who sustained an industrial injury on 10/19/2010. A primary treating office visit dated 01/28/2015 reported the patient with subjective complaint of doing well and is managing symptoms with medications and stretching exercises. She continues to experience pain and tightness in the muscle in her neck, which radiates into bilateral shoulders and upper back. She states that she still is having difficulty with neck range of motion, which is associated with pain. Current medications are Tramadol, Flexeril, and Lidoderm patches. The objective findings showed cervical spine with restricted range of motion in bilateral torsion associated with pain at end range. On palpitation, there is tenderness noted over the trapezius muscles bilaterally with right greater. The plan of care involved: continuing current medications continue with home exercises and stretches. Of note, the patient takes Relpax for headaches. The diagnostic impression found the patient with cervical myofascial pain syndrome with intermittent flare-ups. She may return to regular work duty. By a follow up visit on 03/23/2015, she reported having increased pain with flare-up and increased headaches. Objective findings showed muscle hypertonicity noted over the trapezius muscles, along with tenderness noted over the occipital nuchal line. The plan of care involved the patient receiving trigger point injections treating flare-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Pad 5% qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication. The Lidocaine Pad 5% qty 30 is not medically necessary and appropriate.