

Case Number:	CM15-0107194		
Date Assigned:	06/11/2015	Date of Injury:	06/23/2004
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 70 year old female, who sustained an industrial injury on 6/23/04. She has reported initial complaints of left shoulder, back and neck pain with injury at work. The diagnoses have included cervical strain, left shoulder contusion status post-surgery, and left shoulder adhesive capsulitis. Treatment to date has included medications, activity modifications, off work, and acupuncture. Currently, as per the physician Doctor's First Report note dated 4/14/15, the injured worker complains of left shoulder and neck pain rated 6/10 on pain scale. The physical exam reveals slight tenderness along the cervical spine with increased tenderness on the left paraspinal muscles, upper trapezius and left shoulder. There is limited range of motion about the neck. The left shoulder exam reveals limited range of motion and Hawkin's impingement maneuver is positive. The current medications included Tylenol as needed and Lidoderm patches. There is no previous therapy sessions noted in the records and there is no previous urine drug screen noted in the records. The injured worker is not working. Work status is modified with restrictions. The physician requested treatment included Lidoderm patches 5% - 1-2 every 12 hours quantity of 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% - 1-2 every 12 hours Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in June 2004 and continues to be treated for neck and left shoulder pain. When seen, there was decreased cervical spine and left shoulder range of motion. Impingement testing was positive. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.