

Case Number:	CM15-0135144		
Date Assigned:	08/20/2015	Date of Injury:	10/27/2000
Decision Date:	09/21/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/13/2015

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 10-27-2000. The injured worker was diagnosed as having myalgia and myositis, not otherwise specified. Treatment to date has included diagnostics, mental health treatment, trigger point injections, home exercises, and medications. Currently, the injured worker complains of pain in her neck and upper extremities, rated 7 out of 10 and unchanged. She requested trigger point injections. Urine toxicology (4-2015) was documented as consistent. Exam noted that she appeared less depressed. Palpation revealed discrete trigger points over her neck and posterior shoulders, with muscle twitch points. Motor and sensation were intact. The use of Lidoderm patch was noted since at least 4-2011. She was to continue Norco, Gabapentin, Lidoderm patches, and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2000 and continues to be treated for neck and upper extremity pain. When seen, pain was rated at 7/10. Physical examination findings included cervical and posterior shoulder trigger points with muscle twitch responses. There was a normal neurological examination prior trigger point injections had provided pain relief and these were repeated. Norco, gabapentin, Motrin, and Lidoderm were continued. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.