

Case Number:	CM15-0162221		
Date Assigned:	08/28/2015	Date of Injury:	05/02/2004
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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, who sustained an industrial injury on May 26, 2004. She reported right shoulder, elbow, forearm and wrist pain, left shoulder blade pain and left mid back pain. The injured worker was diagnosed as having cervicobrachial syndrome, myalgia and myositis. Treatment to date has included conservative care, medications and activity restrictions. Currently, the injured worker continues to report right shoulder, elbow, forearm and wrist pain, left shoulder blade pain and left mid back pain. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 29, 2015, revealed continued pain as noted. She rated her pain at 6-7 on a scale of 1-10 with 10 being the worst on average and at 4 on average with the use of pain medications. Lidoderm patches were continued. Evaluation on July 29, 2015, revealed continued pain as noted. She rated her pain at 6 on a 1-10 scale with 10 being the worst with the use of medications and at 8 on a 1-10 scale without the use of medications. Lidoderm 5% #30 with 5 refills was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with bilateral shoulder pain and pain in the right elbow, right forearm and right wrist. The request is for LIDODERM 5% #30 WITH 5 REFILLS. Per Request For Authorization form dated 07/27/15, patient's diagnosis include cervicobrachial syndrome, myalgia and myositis. Per 07/29/15 progress report, patient's medications include Gabapentin, Insulin, Imitrex, Ibuprofen, Metformin, Lidoderm Patch, and Vitamins. Patient is permanent and stationary. MTUS Guidelines pages 56 and 57, Lidoderm (Lidocaine patch) section states, "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 or Lyrica)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In progress report dated 07/29/15, the treater is prescribing Lidoderm Patch for the patient's shoulder. Review of the medical records provided indicate that the patient has been utilizing Lidoderm Patches since at least 01/29/15. However, the treater has not discussed how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request does not meet guideline recommendations and therefore, IS NOT medically necessary.