

Case Number:	CM15-0162604		
Date Assigned:	08/31/2015	Date of Injury:	10/27/1998
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational Medicine

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 male who sustained an industrial injury on 10-27-1998 resulting in injury to the neck. Treatment provided to date has included: cervical radiofrequency ablations (2009 & 2010) with good results, medications, and conservative therapies/care. Recent diagnostic testing has include: MRI of the cervical spine (2011) showing multilevel disc and facet degenerative changes with a left lateral disc protrusion or spur at C6-7 with moderate to severe left foraminal stenosis; MRI of the right shoulder (per progress report (PR) with no date) with reported severe supraspinatus tendinosis with small partial thickness tear of the distal tendon, subscapularis tendinosis, acromioclavicular (AC) joint arthritis, and a superior glenoid tear; and a MRI of the left shoulder (per PR with no date) showing supraspinatus and infraspinatus partial thickness tears and tendinosis and subscapularis tendinosis. There were no noted comorbidities or other dates of injury noted. On 07-27-2015, physician PR noted complaints of significantly increased neck pain with certain movements during the previous month. New injury was denied. The pain was rated 8 out of 10 in severity, and was described as constant, achy and dull at rest, and very sharp with head movement. Additional complaints included chronic pain in shoulders and limited range of motion in the neck. Current medications include Vicodin, Celebrex, Lidoderm patches, and Amitriptyline. Celebrex and Vicodin were reported to help the most with a 50-60% reduction in pain. Lidoderm patches were noted to be used at work and provide good relief. The physical exam revealed tenderness to palpation along the facet joints, spasms in the cervical spinal muscles, limited range of motion in the cervical spine, limited ROM in the shoulders bilaterally, positive Hawkin's testing bilaterally, decreased

thumb abduction bilaterally, and minimal decreased strength in the rotator cuff muscles. The provider noted diagnoses of spinal stenosis of the cervical spine, cervical degenerative disc disease, migraine with aura, calcifying tendinitis of the shoulder, carpal tunnel syndrome, other affections of the shoulder region (not elsewhere classified), long-term use of medications, thoracic or lumbosacral neuritis or radiculitis, and displacement of lumbar intervertebral disc without myelopathy. Plan of care includes Bilateral radiofrequency ablations at C4, 5 & 6, discussed weight loss, follow-up with different physician suggested, medications (amitriptyline, Relpax, hydrocodone-APAP, and Lidoderm patches), and follow-up in 1 month. The injured worker's work status was noted as able to work without restrictions. The request for authorization and IMR (independent medical review) includes: Lidoderm patches #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches QTY: 90: 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), Topical Analgesics.

Decision rationale: Per the MTUS guidelines, topical lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The request for Lidoderm patches QTY: 90 is determined to not be medically necessary.