

Case Number:	CM15-0165379		
Date Assigned:	09/02/2015	Date of Injury:	09/01/2009
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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 60 year old male, who sustained an industrial injury on September 1, 2009. The injured worker was diagnosed as having displacement of cervical intervertebral disc, disorders of the bursae and cervicalgia. Treatment to date has included oral and topical medication, magnetic resonance imaging (MRI), electromyogram and nerve conduction study. A progress note dated July 7, 2015 provides the injured worker complains of neck, back and shoulder pain radiating to the arms and hands with numbness and tingling. He rates his pain 4 out of 10 with 2 out of 10 at best and 6 out of 10 at worst. Physical exam notes cervical tenderness to palpation with decreased range of motion (ROM) and positive Spurling's test. There is shoulder tenderness to palpation with right shoulder decreased range of motion (ROM), positive Hawkin's test greater on the left and positive impingement on the left. Magnetic resonance imaging (MRI) studies were reviewed revealing left shoulder degenerative labral tear and arthritis and cervical stenosis and degenerative disc disease (DDD). The plan includes oral and topical medication and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, 12 hours on/off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

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 sustained a work-related injury in September 2009 and is being treated for chronic neck, low back, and shoulder pain with radiating upper extremity symptoms. When seen, there was cervical spine tenderness with positive right Spurlings testing. There was decreased shoulder range of motion bilaterally with positive impingement testing. There was positive left drop arm testing. There was decreased right upper extremity strength and sensation. Medications were prescribed and a functional restoration program was requested. Medications included Anaprox and omeprazole. 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 post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post- herpetic neuralgia. Although the claimant May have poor tolerance of NSAID medication as suggested by his current medications, a topical NSAID or other topical medication could be considered. Lidoderm was not medically necessary.