

Case Number:	CM15-0182100		
Date Assigned:	09/23/2015	Date of Injury:	09/10/2014
Decision Date:	10/27/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/16/2015

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 34 year old female who sustained an industrial injury 09-10-14. A review of the medical records reveals the injured worker is undergoing treatment for neck and left periscapular pain with paresthesias in the left arm, thoracic back and left shoulder pain. Medical records (08-17-15) reveal the injured worker complains of an exacerbation of upper back and neck pain related to an incident at work on 08-13-15. The pain is not rated. The physical exam (08-17-15) reveals a tender and ropy upper left trapezius, with periscapular muscle tenderness, and tenderness over the left-sided cervical paraspinal musculature. Cervical spine range of motion is noted to be limited with discomfort at the end of the ranges, particularly in flexion and rotation. Prior treatment includes topical medications, pain medications, non-steroidals, muscle relaxants, physical therapy, activity modification, and trigger point injections. The treating provider reports mild right ulnar neuropathy at the elbow per and electrodiagnostic study of the right upper extremity on 03-06-14. The original utilization review (08-25-15) non-certified the request for Lidoderm 5% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: 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: The claimant sustained a work injury in September 2014 and continues to be treated for neck and left shoulder pain. When seen, she was having an exacerbation of symptoms occurring four days before while transferring a patient. She was having burning and twitching along the left trapezius and shoulder blade. She had increased popping of the neck. She was having left arm numbness. Pain was rated at 7/10. Physical examination findings included appearing uncomfortable. There was left trapezius and cervical tenderness. There was decreased and painful cervical spine range of motion. There was thoracic tenderness with trigger points. There was pain with shoulder range of motion and tenderness. Impingement and Empty can testing was positive on the left side. Samples of Flector were provided and Lidoderm was requested. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. 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 and the claimant's symptoms had been present for less than one week. Lidoderm is not medically necessary.