

Case Number:	CM15-0188601		
Date Assigned:	09/30/2015	Date of Injury:	08/19/2014
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 40-year-old female, with a reported date of injury of 08-19-2014. The diagnoses include unspecified shoulder arthropathy, cervical disc degeneration, cervical disc displacement without myelopathy, sleep disturbance, neck sprain and strain, and chronic pain syndrome. Treatments and evaluation to date have included LidoPro ointment, Terocin patch, Ultracet, Eszopiclone, cyclobenzaprine (discontinued), Omeprazole (discontinued), cervical epidural steroid injection, cervical epidural neurolytic injection, cervical plexus neuroplasty, a TENS unit, acupuncture (not effective), right shoulder injection (helped a little), and Topiramate. The diagnostic studies to date have included a urine drug screen on 12-16-2014 with negative findings. The medical report dated 07-06-2015 indicates that the injured worker complained of right upper extremity pain. She rated her pain 6 out of 10. The pain was associated with numbness and tingling. There was documentation that the injured worker tolerated the medications well; and she showed no evidence of developing medication dependency. The treating physician also noted that the injured worker "still has pain symptoms on a continuous basis, but are alleviated somewhat by current medications." It was indicated that the injured worker's pain level had remained unchanged since the last visit. The physical examination showed restricted cervical spine range of motion; tenderness to the right cervical paravertebral muscles; positive bilateral cervical facet loading; restricted right shoulder range of motion; due to pain; positive right Hawkin's test; positive right shoulder crossover test; tenderness to palpation in the right acromioclavicular joint; negative Tinel's sign in the right wrist; and decreased light touch sensation over the medial forearm and lateral forearm on the

right side. It was noted that an MRI of the cervical spine showed a bulging disc at C5-6 and C6-7, degenerative joint disease at C5-6; and an MRI of the right shoulder showed moderate tearing of the bursal surface. The treatment plan included medication refills. The injured worker was prescribed modified duty. The treating physician requested Lidoderm 5% patch #30. On 09-11-2015, Utilization Review (UR) non-certified the request for Lidoderm 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #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): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). 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. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request is not medically necessary.