

Case Number:	CM15-0204863		
Date Assigned:	10/21/2015	Date of Injury:	08/01/2009
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female, who sustained an industrial injury on 08-01-2009. A review of the medical records indicates that the worker is undergoing treatment for brachial neuritis or radiculitis, cervicobrachial syndrome and pain in joint of shoulder. Subjective complaints (02-18-2015 and 05-15-2015) included neck and shoulder pain that was rated as 5-6 out of 10 with medications. Medications were noted to improve pain by 50-60% for about 4 hours. The physician noted that with Lidoderm patches, the injured worker was able to do dishes and cook. Objective findings (05-15-2015) included decreased range of motion of the left shoulder, positive Neer's test, positive lift-off test, tenderness in the glenohumeral joint and subdeltoid bursa, tenderness, spasm and tight muscle band of the cervical spine and decreased range of motion of the cervical spine. Treatment has included Norco, Flexeril, Naprosyn, Lidoderm patches (since at least 02-18-2015), acupuncture, chiropractic therapy, physical therapy, transcutaneous electrical nerve stimulator (TENS) unit, application of ice and surgery. A utilization review dated 10-9-2015 non-certified a request for Lidoderm 5% patches, 2 patches 12 hours on-12 hours off, Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, 2 patches 12 hours on/12 hours off, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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). This 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. In this case the exam note from 5/15/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Therefore the request is not medically necessary and non-certified.