

Case Number:	CM15-0209767		
Date Assigned:	10/28/2015	Date of Injury:	03/08/2012
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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 68 year old female who sustained an industrial injury March 8, 2012. Previous treatment included medication, massage, heat and cold packs, and physical therapy. According to a primary treating physicians report dated October 1, 2015, the injured worker presented with complaints of chronic neck pain, low back pain and shoulder pain. She is requesting medication refills and also a pain patch so she can limit the amount of chronic oral medications. A listing of current medications is not provided during this visit. A prescription list dated April 16, 2015, includes Cymbalta, Lunesta, Prilosec and Tramadol. A panel qualified Medical Evaluation report dated April 27, 2015 lists medication as Hydrocodone, Paroxetine, Eszopiclone (Lunesta), Duloxetine, Naproxen, and migraine medication. Physical examination revealed; guarding and spasm in the paravertebral musculature of the cervical and lumbar spines with a painful decreased range of motion on flexion, extension, and lateral rotation; mild dysesthesia C5 and C6 dermatomal distributions on the right; positive Spurling's on the right; grip strength diminished on the right; deltoid muscle strength 4-5 on the right; positive impingement and Hawkins signs, right shoulder. Diagnoses are cervical radiculopathy; bursitis right shoulder; shoulder tendinitis, bursitis; impingement right shoulder; anxiety disorder. Treatment plan included continue with home strengthening exercises. At issue, is the request for authorization dated October 7, 2015, for Lidoderm patch. According to utilization review dated October 15, 2015, the request for Lidoderm patches (Lidocaine topical 5%) #60 Refills: 5 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch (Lidocaine topical 5%) #60 refills 5: 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: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm patch (Lidocaine topical 5%) #60 refills 5 is determined to not be medically necessary.