

Case Number:	CM15-0023374		
Date Assigned:	02/13/2015	Date of Injury:	03/29/2007
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/07/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an injury on 01/01/2006 due to an unspecified mechanism of injury. On 01/12/2015, he presented for an evaluation with complaints of increasing cervical and thoracic muscular symptoms. He stated that the pain was keeping him up at night and he was having difficulty sleeping. He was noted to use Motrin for breakthrough pain and was requesting a repeat injection as trigger point injections had helped him in the past. The physical examination showed moderate left parascapular tenderness and right sided mid thoracic pain over the longissimus dorsi muscle. He was diagnosed with overuse syndrome of upper extremities, left shoulder impingement syndrome, left cervical radiculopathy, thoracic intervertebral disc disease, and possible left suprascapular neuropathy. The treatment plan was for Lidoderm patches 5% #30. The rationale for treatment was not provided.

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 Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided fails to show that the injured worker has tried and failed recommended oral medications or that he was intolerant of these medications to support the request for a topical analgesic. Also, his response in terms of a quantitative decrease in pain or an objective improvement in function was not clearly documented. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.