

Case Number:	CM15-0217981		
Date Assigned:	11/09/2015	Date of Injury:	08/30/2013
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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 58 year old female who sustained an industrial injury on 8-30-13. A review of the medical record indicates she is undergoing treatment for cervical spine degenerative disc disease C5-6 and C6-7 with symptoms of left upper extremity radiculitis, left shoulder status post arthroscopic subacromial decompression on 5-21-14, left elbow lateral epicondylitis, severe myofasciitis of the left trapezius and scapular area, and left wrist sprain and strain. Medical records (8-3-15, 10-5-15, 10-12-15, and 10-14-15) indicate ongoing complaints of neck pain, left shoulder pain, left elbow, wrist, and hand pain. The 8-3-15 record indicates that the pain begins at the base of the skull and radiates to the left trapezius, shoulder, scapular area, and left elbow and hand. She also complains of associated headaches. The record indicates that she "has not tried many pain medications secondary to renal disease" (8-3-15). The physical exam (10-14-15) reveals diffuse tenderness on palpation of the cervical spine. Paraspinal spasm is noted on the left side of the cervical spine. Sensation is "slightly" diminished over the dorsal left forearm and dorsum of the left hand. Motor strength is "5 out of 5" in bilateral upper extremities. Diagnostic studies have included an MRI of the cervical spine. Treatment has included physical therapy, acupuncture, cervical epidural steroid injections x 2, and occipital trigger point injections. She has been placed on modified work duties, but is not working. Treatment recommendations include Lidocaine patches to apply as needed twice daily to painful areas. The utilization review (10-28-15) includes a request for authorization of Lidocaine patches, one box, one refill. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches, One box ,One Refill: 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).

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 8-3-15, 10-5-15, 10-12-15, and 10-14-15 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.