

Case Number:	CM15-0037154		
Date Assigned:	03/05/2015	Date of Injury:	12/30/2012
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 63-year-old female who sustained an industrial related injury on 12/30/12. The injured worker had complaints of neck pain with muscle spasm that radiated to the left upper extremity, bilateral shoulders, left arm, left forearm, and the left hand. Numbness and left upper extremity weakness were also noted. Physical examination findings included forward flexed body posture with guarded movements of the neck. Diagnoses included rotator cuff syndrome, fibromyositis, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and adhesive capsulitis of the shoulder. Medication included Ibuprofen, Lidoderm patch, Melatonin, Methocarbamol, Norco, and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Per the 01/16/15 report the patient presents with complaints of neck pain and follow up for Rotator Cuff Syndrome, Adhesive capsulitis of shoulder, Displacement of cervical intervertebral disc without myelopathy, Degeneration of cervical intervertebral disc and Fibromyositis. The current request is for LIDODERM 5% PATCH QTY 90. The RFA included is dated 11/03/14. The patient is not currently working, but would like to trial return to work following medical massage. MTUS Lidoderm (lidocaine patch) pages 56, 57 has the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. The treating physician states in reports from 09/19/14 to 01/16/15 regarding neuropathic agent medication that the patient previously used Lidoderm patches and would like to use them again. The reports provided for review show that the patient has been prescribed this medication since at least August 2014. In this case, there is no evidence that this patient's neuropathic pain is localized and peripheral for which this medication is indicated. Therefore, the request IS NOT medically necessary.