

Case Number:	CM15-0080797		
Date Assigned:	05/01/2015	Date of Injury:	05/28/2003
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64-year-old female, with a reported date of injury of 05/28/2003. The diagnoses include chronic neck pain, left proximal arm pain, chronic left shoulder pain, and intermittent mild right wrist pain. Treatments to date have included oral medications, Lidoderm 5% patches, an MRI of the neck, and electrodiagnostic studies. The progress report dated 04/06/2015 indicates that the injured worker had ongoing right shoulder pain. It was noted that she continued to do well on the current medication regimen with adverse side effects. The medications allowed her to continue to carry out the activities of daily living at home. The injured worker stated that her pain level before medication was 8 out of 10, and would come down to 4 out of 10. The medications provided 24-hour relief as long as she took them on a consistent basis. With medication, the injured worker was able to sleep a full five hours before waking up with pain. The objective findings were documented as no significant change. The objective findings (02/09/2015) include ongoing tenderness to the left shoulder with almost full range of motion. It was noted that her last urine drug screen on 12/15/2014 was consistent. The treating physician requested Lidoderm patches 5% #15. The plan was to use the patches on her right shoulder on an as needed basis. It was noted that the injured worker used the patches when she had acute flares, which was a couple of times a month, and that it helped decreased pain without having to increase Norco ingestion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches qty: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: Lidoderm 5% patches qty: 15 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical 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. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons Lidoderm patches are not medically necessary.