

Case Number:	CM15-0089662		
Date Assigned:	05/14/2015	Date of Injury:	12/30/2012
Decision Date:	06/17/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 63 year old female, who sustained an industrial injury on December 30, 2012. She reported neck pain, right shoulder pain and bilateral upper extremity pain after pushing a patient in a wheelchair. The injured worker was diagnosed as having herniated cervical disc, cervical degenerative disc disease, shoulder adhesive capsulitis, shoulder rotator cuff syndrome and fibromyalgia and myofascial pain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, massage therapy, medications and work restrictions. Currently, the injured worker complains of continued neck pain, right shoulder pain and bilateral upper extremity pain with associated decreased range of motion in the cervical spine. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she had failed all conservative therapy trials and required daily use of opioids to remain functional. She was noted to not want surgical intervention or injections. Evaluation on April 9, 2015, revealed continued severe pain and decreased range of motion in the neck. It was noted at this time she would be a surgical or injection candidate secondary to failed conservative therapies. Lidoderm patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #90: 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 9792.20 - 9792.26 Page(s): 56-57 and 112.

Decision rationale: Per the guidelines, 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. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker. The request is not medically necessary.