

Case Number:	CM14-0115023		
Date Assigned:	08/04/2014	Date of Injury:	02/13/1985
Decision Date:	10/06/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with right upper extremity pain and neck and upper back pain. Date of injury was 02-13-1985. Mechanism of injury was right brachial plexus stretch injury resulting from overhead work. Medical history includes brachial plexus injury, thoracic outlet syndrome, cervical myofascial pain syndrome, tremor, tendinopathy of neck and shoulder, and complex regional pain syndrome. Right transaxillary first rib resection, neurolysis of brachial plexus, and lysis of axillosubclavian artery was performed on 1/7/1992. Right anterior scalenectomy was performed 2/14/1998. Progress report dated 7/28/14 documented subjective complaints of pain in right arm and hand and neck and upper back. Objective findings were tender neck and shoulder. Diagnosis was neck and shoulder condition. Treatment plan was a request for Lidoderm. Medications tried in the past for pain resulting from injury to right upper extremity included Inderal which caused orthostatic hypotension, Dilantin which caused a cutaneous macular rash, Primidone which caused sleepiness, Naprosyn which caused abdominal pain, Codeine which caused headache, Elavil which increased tremors, and Tegretol which caused photo sensitivity, headache, blurry vision, decreased appetite, and sleepiness. Letter from the neurologist dated 7/28/14 reported relief of pain and spasm with Lidoderm. Utilization review determination date was 7/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #180 w/ three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Lidoderm patch (pages 56-57) and states that topical Lidocaine may be recommended for pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin and norepinephrine reuptake inhibitors anti-depressants or an antiepilepsy drug such as Gabapentin or Lyrica). Medical records document multiple medications tried in the past including Inderal which caused orthostatic hypotension, Dilantin which caused a cutaneous macular rash, Primidone which caused sleepiness, Naprosyn which caused abdominal pain, Codeine which caused headache, Elavil which increased tremors, and Tegretol which caused photo sensitivity, headache, blurry vision, decreased appetite, and sleepiness. Letter from the neurologist dated 7/28/14 reported relief of pain and spasm with Lidoderm. Medical records indicate that multiple first-line medications have been tried and resulted in adverse effects. Per California MTUS guidelines, the use of Lidoderm patch is supported. Therefore, the request for Lidoderm Patch #180 w/ three refills is medically necessary.