

Case Number:	CM14-0119838		
Date Assigned:	09/16/2014	Date of Injury:	02/07/2012
Decision Date:	10/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 49 year old female with an injury date of 02/07/12. Per the 02/19/14 report by [REDACTED], the patient presents with debilitating pain in the left paracervical area extending to the shoulder into the arm. Frequent spasming is noted. Any movement can trigger pain and she has difficulty tolerating medication. The patient is not working. Examination of the cervical spine reveals exquisite tenderness in the paracervical muscles to the left of the C3-4 level extending to the shoulder. Examination of the shoulder reveals restricted range of motion. The 04/03/14 operative report shows left C4-5 and C5-6 facet blocks. The patient's diagnoses include disturbance skin sensation; unspecified disorder bursae tendons shoulder; displaced cervical intervertebral disc; and brachial neuritis/radiculitis other. Current medications are listed as Lysine and Tizanidine. The utilization review being challenged is dated 07/10/14. Reports were provided from 02/19/14 to 04/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 percent apply 1 patch topically to skin prn 12 hrs on 12 hrs off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch).

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

Decision rationale: The patient presents with pain in the left paracervical area extending to the shoulder and arm with spasming. The provider requests for Lidoderm 5 percent patch applied to skin prn 12 hours on 12 hours off. MTUS Lidoderm (Lidocaine patch) pages 56, 57 have the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading the Official Disability Guidelines, this peripheral and localized pain is that of neuropathic pain. In this patient, there is no evidence of peripheral, localized neuropathic pain for which Lidoderm is indicated. Therefore, this request is not medically necessary.