

Case Number:	CM14-0128159		
Date Assigned:	09/16/2014	Date of Injury:	05/11/2009
Decision Date:	10/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Rehabilitation 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 injured worker is a 55-year-old female who sustained an injury on 5/11/09. She complained of neck and bilateral shoulders and/or trapezius pain with spasm along with tingling, numbness and weakness throughout the entire upper right extremity with weakness in the right hand; the pain was 8/10. ROM of the neck and bilateral upper extremity were limited with triggering points with appropriate referral pattern. Neck MRI on 1/9/10 showed C4-C5 broad central 2-3 mm disc protrusion causing mild cord compression and central canal stenosis and moderate bilateral foraminal stenosis right greater than left. Right shoulder MRI on 7/14/10 showed partial thickness undersurface tear of the supraspinatus tendon; mild subacromial/subdeltoid bursitis; and moderate acromioclavicular joint arthritis. She has past medical history of hypothyroidism. Current medications include Thermacare patches, Lorazepam, Artificial Tears, Percocet, Ibuprofen, Robaxin, Medrox, Prilosec, Voltaren Gel, Relafen, Synthroid, and Lidoderm 5% film 1 patch. As per the report of 5/29/14, she was not using topical analgesics at that time as she responded better to heat patches. She also had acupuncture, physical therapy, and cortisone injection; physical therapy and Lidoderm patch helped minimally. Diagnoses included cervical disc with radiculitis, degeneration of the cervical disc, joint pain of the shoulder, and neck pain. The request for Lidoderm film 5% 1 patch applied topically, once a day #30 refills 1 and Thermacare patches 1 patch skin every day as needed 30 days #30 refills 1 were denied on 07/17/14 due to lack of medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Film 5% 1 Patch Applied Topically ,Once A Day #30 Refills 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 112.

Decision rationale: Per guidelines, Lidoderm is 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. In this case, there is no documentation of neuropathic pain such as post-herpetic neuralgia. There is no evidence of significant improvement in pain or function with prior use. As such the request is considered not medically necessary per guidelines.

Thermacare Patches 1 Patch Skin every day as needed 30 Days #30 Refills 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Physical Methods

Decision rationale: Thermacare is a commercial heating pad that is applied topically to conduct passive heat to the body. The MTUS/ACOEM guidelines endorse topical application of heat / cold for acute to subacute pain. In this case however, the injury is chronic. Nonetheless, there are no high-grade scientific studies to demonstrate effectiveness of heat/cold applications. As such, the request is not medically necessary per guidelines.