

Case Number:	CM14-0134948		
Date Assigned:	09/03/2014	Date of Injury:	08/23/2013
Decision Date:	10/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/22/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/22/13. He was seen by the requesting provider on 01/30/14. He was having ongoing cervical spine, bilateral shoulder, and right elbow pain. Pain was rated at 7/10. Tramadol was not helping and he was having difficulty sleeping. He had stomach pain when taking Meloxicam. Physical examination findings included a normal neurological examination. Diagnoses were a sprain of the neck and, shoulder, and upper arm and lateral epicondylitis. Hydrocodone/acetaminophen 5/325 mg #60 and Lidoderm were prescribed. He was seen for a pain management evaluation on 03/20/14. He was having ongoing right shoulder and elbow pain rated at 5/10. He was having tingling into the fourth and fifth fingers. Medications were Norco 5/325 mg two times per day, Lidoderm, Mobic 7.5 mg, and tramadol 50 mg as needed. Physical examination findings included decreased right shoulder range of motion with positive impingement testing and periscapular and acromioclavicular joint tenderness. There was decreased right grip strength with lateral epicondyle tenderness. Voltaren cream was prescribed for the shoulder and elbow. On 03/30/14 he was having ongoing right shoulder and elbow pain. He had pain when lifting the right arm and popping of the right shoulder. He was having difficulty sleeping. Physical examination findings included right rotator cuff tenderness. He had decreased right upper extremity strength. He had positive apprehension testing. Medications were continued. On 06/12/14 he had worsening right shoulder pain. Medications are referenced as helpful in decreasing pain by 40%. Hydrocodone/acetaminophen 7.5/325 mg #90, Lidoderm #30, and Voltaren gel were refilled. He was continued out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #30 (date of service 05/15/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for ongoing cervical spine, bilateral shoulder, and right elbow pain. Medication includes Lidoderm. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. However, this claimant does not have localized pain. Lidoderm 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 postherpetic neuralgia. Therefore, the request is not medically necessary.