

Case Number:	CM14-0140246		
Date Assigned:	09/18/2014	Date of Injury:	12/07/2010
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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 Emergency Medicine and is licensed to practice 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 54 year-old female, who sustained an injury on December 7, 2010. The mechanism of injury occurred from loading candy on to a conveyor belt. Pertinent diagnostics are not noted. Treatments have included: medications, physical therapy, transcutaneous electrical nerve stimulation (TENS), trigger point injections. The current diagnoses are: chronic left shoulder arthralgia, recurrent myofascial strain, cervicgia, cervical degenerative disc disease with upper extremity radiculopathy. The stated purpose of the request for lidoderm (lidocaine patch 5%) times 30, was to pain relief. The request for lidoderm (lidocaine patch 5%) times 30, was denied on August 4, 2014, citing a lack of documentation of post-herpetic neuralgia. Per the report dated July 21, 2014, the treating physician noted complaints of left arm and neck pain with exam showing cervical range of motion restriction and paracervical trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (lidocaine patch 5%) times 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". The injured worker has left arm and neck pain. The treating physician has documented cervical range of motion restriction and paracervical trigger points. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, the request is not medically necessary.