

Case Number:	CM14-0170280		
Date Assigned:	10/20/2014	Date of Injury:	12/28/2011
Decision Date:	11/20/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 54 year old female with an injury date on 12/28/2011. Based on the 09/04/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right shoulder impingement syndrome; right shoulder tendinosis per MRI 4/25/2011. Acute bilateral C5 and C6 cervical radiculopathy per EMG/NCV (4/19/2012); acute right C5-C6 cervical radiculopathy per EMG/NCV (07/30/2014)3. Cervical sprain and strain4. Cervical discopathy and severe central canal and foraminal stenosis per MRI 4/25/2011; mild to moderate Spondylosis at the C3-4, C4-5 and C6-7 levels and neural foraminal narrowing on the right at C6-7 and left C3-4 through C5-6 per MRI 08/30/20145. Thoracic sprain and strain6. Bilateral carpal tunnel syndrome, status post release7. History of osteoarthritis of the hand and wristAccording to this report, the patient complains of pain in the neck, shoulder, elbows, wrists and mid-back pain. The patient states that the pain in the neck travels to the bilateral arms with intermittent numbness throughout the arms, hands, and digits. Physical exam reveals tenderness at the cervical/thoracic paraspinal muscles and bilateral shoulder joint. Range of motion of the cervical/thoracic spine and bilateral shoulder is severely restricted. There were no other significant findings noted on this report. The utilization review denied the request on 09/11/2014. [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 03/06/2014 to 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Topical Creams Topical Analgesics Page(s): 56 57 111 112.

Decision rationale: According to the 09/04/2014 report by [REDACTED] this patient presents with neck, shoulder, elbows, wrists and mid-back pain. The physician is requesting Lidocaine patches 5%. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has cervical and upper extremity neuropathic pain but this is not a localized condition. The patient has elbow and wrist pains but it is not known if they are neuropathic in nature. Furthermore, the physician does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.