

Case Number:	CM14-0211287		
Date Assigned:	12/24/2014	Date of Injury:	05/17/2011
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 40 year old female with an injury date of 05/17/11. The 11/04/14 progress report states that the patient presents with neck and left shoulder pain. Best pain is 4/10 with medications, current pain is 5/10 and pain without medications is 8/10. Examination reveals moderate to severe spasms with twitch response left trapezius and mild to moderate palpable spasms bilateral cervical paraspinous muscles with a positive twitch response from the cervical spine. The 05/22/13 MRI cervical provides the following impression: Multiple lower neural foraminal nerve root sheath cysts versus synovial cysts. The patient's diagnoses include: 1. Cervical sprain/strain. 2. Left shoulder sprain/strain. 3. Chronic pain syndrome. The patient has tried rest, NSAIDS, physical therapy and muscle relaxants with suboptimal pain relief. She received a single TPI 06/12/14 with greater than 80% pain relief for 6 weeks and symptoms have now recurred. She experienced intolerable side effects with Cymbalta and discontinued the medication. The treater notes intolerance to most pain medications and muscle relaxants in the past except for Robaxin. Medications are listed as Lidoderm patch, Flector patch and Votaren gel. The utilization review is dated 12/04/14. Reports were provided for review from 03/25/14. To 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%: Upheld

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

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

Decision rationale: The patient presents with neck and left shoulder pain rated 5/10. The current request is for Lidoderm patches 5% per RFA dated 11/20/14. 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 ODG, this peripheral and localized pain is that of neuropathic pain. The 11/04/14 report states the patient received 50% pain relief with use of the Lidoderm and Flector patches and that best pain is rated 4/10 with medications and worst pain is rated 8/10 without. The patient states that through use of the patches she can be functional throughout the day and can sit for 1 hour. She denies side effects. The treater also notes the patient's intolerance to most pain medications and muscle relaxants. The RFA states the patch is to be applied 12 hours on 12 hours off for a diagnosis of cervical sprain/strain. In this case, this medication is indicated for peripheral localized neuropathic pain and the patient presents with neck and shoulder pain. Lacking recommendation by MTUS, the request is not medically necessary.

Flector Patches 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The patient presents with neck and left shoulder pain rated 5/10. The current request is for Flector Patches 1.3% per RFA dated 11/20/14. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The 11/04/14 report states the patient received 50% pain relief with use of the Lidoderm and Flector patches and that best pain is rated 4/10 with medications and worst pain is rated 8/10 without. The patient states that through use of the patches she can be functional throughout the day and can sit for 1 hour. She denies side effects. The treater also notes the patient's intolerance to most pain medications and muscle relaxants. The RFA states the patch is to be applied to affected area up to 12 hours for a diagnosis of left shoulder sprain/strain. In this case, the medication is intended for peripheral joint arthritis/tendinitis that the reports provided do not show is present in this patient. The request is not medically necessary.

