

Case Number:	CM14-0212197		
Date Assigned:	01/02/2015	Date of Injury:	09/02/2003
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 records presented for review indicate that this 53-year-old female sustained an injury on September 2, 2003. The most recent physician's progress note is dated August 13, 2014, and includes a complaint of persistent neck pain and spasms as well as bilateral shoulder pain. Pain is rated at 7-8/10 and radiates to the bilateral upper extremities. Previous pain relief was stated to be achieved with Voltaren gel and Flector patches. Nerve conduction studies dated October 1, 2013 were normal. An MRI the cervical spine dated August 28, 2001 revealed a spondylolisthesis at the C5 - C6 level with a broad-based left sided paracentral disc protrusion resulting in mild central canal stenosis and mild left foraminal narrowing. A subsequent discectomy and fusion was performed at C4 - C5 and C5 - C6 and December 9, 2006. An MRI the right shoulder performed on March 2, 2011 revealed a type II acromion and rotator cuff tendinosis/tendinitis with minimal subacromial bursitis. An MRI of the left shoulder also showed tendinosis/tendinitis, mild acromioclavicular joint arthropathy, minimal bursitis, and mild to moderate tenosynovitis of the long head of the biceps. The physical examination on August 13, 2014 of this 143 pound female revealed tenderness and spasms of the cervical spine as well as spasms of the shoulders with tenderness at the bilateral acromioclavicular joint and glenohumeral joint. Muscle spasm for also noted along the lumbar spine. Range of motion of the right shoulder revealed forward flexion and abduction to 110 with pain. Right shoulder strength in forward flexion and abduction was rated at 4+/5. Diagnoses included a right cervical radiculopathy, status post cervical fusion, chronic neck pain, headaches, depression, insomnia, and bilateral shoulder

pain. The treatment plan included prescriptions of Lidoderm patches, Voltaren gel, Ultram ER, Skelaxin, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% #30: Overturned

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 Topicals Page(s): 111-112.

Decision rationale: Flector patches are a topical medication containing diclofenac. The California MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines also support topical treatment for joints that are amendable topical treatments; however. Since the injured worker's arthritis is in the acromioclavicular joint, which is superficial, and there is documentation of efficacy, I respectfully disagree with the UR physician that there is no indication for medical necessity.

Lidoderm patch 5% #30: 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 Topicals Page(s): 111-112.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. The most recent progress note dated August 13, 2014 does not include any documentation that the injured employee has failed to improve with these first-line medications. For these reasons, this request for the use of Lidoderm 5% patches is not medically necessary.