MAXIMUS Federal Services

Case Number:	CM15-0108525		
Date Assigned:	06/15/2015	Date of Injury:	08/03/2014
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 57 year old female with an August 3, 2014 date of injury. A progress note dated April 16, 2015 documents subjective findings (pain over the right shoulder blade; pain over the right scapula with extension into the mid back near the spine; pain rated at a level of 4/10) objective findings (full range of motion of the thoracic spine; evidence of myofascial tenderness), and current diagnoses (suprascapular nerve entrapment; myofascial pain/thoracic strain). Treatments to date have included medications. The treating physician documented a plan of care that included Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 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 (1) Lidoderm (lidocaine patch), (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work-related injury in April 2014 and continues to be treated for right shoulder an back pain. When seen, there was tenderness with normal range of motion. Pain was rated at 4/0. Topamax was prescribed. 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. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Topamax was prescribed which would potentially be an effective treatment for this condition. Therefore, Lidoderm was not medically necessary.