

Case Number:	CM15-0109144		
Date Assigned:	06/15/2015	Date of Injury:	09/01/2012
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 30-year-old who has filed a claim for chronic shoulder, neck, and wrist pain reportedly associated with an industrial injury of September 4, 2012. In a Utilization Review report dated May 22, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced progress notes and RFA forms of June 9, 2014 and September 11, 2014 in its determination. The applicant's attorney subsequently appealed. On August 26, 2014, the applicant reported ongoing complaints of shoulder and wrist pain. A wrist splint was endorsed. The applicant was given operating diagnosis of chronic shoulder pain and likely carpal tunnel syndrome. Electrodiagnostic testing was suggested. Medication selection and medication efficacy were not detailed. The applicant's work status was likely not clearly outlined. Physical therapy was sought. On April 17, 2014, the applicant reported ongoing issues with neck, shoulder, and upper extremity pain with derivative complaints of headaches. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was given prescriptions for Motrin and Elavil on this date. It was suggested that the applicant was working in an alternate capacity, in another job. On July 7, 2014, the attending provider suggested that the applicant continue Elavil, Motrin, and Lidoderm patches. Work restrictions were endorsed. The applicant was given diagnoses of chronic shoulder pain secondary to tendinopathy, chronic right upper extremity radicular pain complaints, cervical myofascial pain, posttraumatic headaches, and possible brachial plexopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidoderm patches #90 with 3 refills (6.9.14-9.17.15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's ongoing usage of Elavil (amitriptyline), an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.