

Case Number:	CM15-0010790		
Date Assigned:	01/28/2015	Date of Injury:	10/31/2011
Decision Date:	03/18/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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: New York
Certification(s)/Specialty: Internal 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 injured worker is a 53 year old male, who sustained an industrial injury on 10/31/2011. He has reported left shoulder pain. The diagnoses have included cervical strain, cervical disc displacement, left cubital tunnel syndrome, and left shoulder impingement. Treatment to date has included medications. Medications have included Celebrex, Ultram, Zanaflex, and Lidoderm Patch. A progress note from the treating physician, dated 10/20/2014, documented a follow-up visit with the injured worker. The injured worker reported left shoulder pain with numbness and tingling in the left upper extremity; pain is rated at 7/10 on the visual analog scale without medications, and 4/10 with the medications; neck spasms are decreased with the muscle relaxer; and medications keep pain manageable and allow him to work. Objective findings included mild numbness and weakness on the left at C5-7; decreased reflexes at bilateral biceps; mild cervical tenderness with decreased range of motion; and positive Spurling's sign bilaterally. The treatment plan has included prescriptions for medications and follow-up evaluation in one month. On 01/14/2015 Utilization Review noncertified 1 prescription of Lidoderm 5% Patch #30. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On 01/19/2015, the injured worker submitted an application for IMR for review of a Lidoderm 5% Patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113 (pdf format).

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating the use of Lidocaine patches. Per California MTUS 2009 Guidelines Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI) antidepressants or an anticonvulsant medication such as Gabapentin or Lyrica. The medication is only FDA approved for post-herpetic neuralgia. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medications has not been established. The requested treatments are not medically necessary.