

Case Number:	CM15-0115817		
Date Assigned:	06/24/2015	Date of Injury:	02/08/2011
Decision Date:	08/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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: Anesthesiology

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 68 year old male, who sustained an industrial injury on February 8, 2011. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a left shoulder sprain and impingement syndrome. Diagnostic studies were not included in the provided medical records. Treatment to date has included non-steroidal anti-inflammatory and topical pain medications. There were no noted previous injuries or dates of injury, and no noted comorbidities. On April 16, 2015, the injured worker complained of a stiff neck and shoulder. He has difficulty with lifting, pushing, and pulling. Associated symptoms include myofascial pain and night pain. The treating physician noted continued pain in the left shoulder and left trapezius muscle. The Lidoderm patch is helpful. He is working full duty. The physical exam revealed left shoulder tenderness to palpation and intact neuro-circulatory status. He is to continue regular work. The treatment plan includes Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 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 Topical Analgesics; Lidocaine Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants 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, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, there is lack of documentation that the injured worker is being treated with Lidoderm patches for localized peripheral neuropathic pain. There is lack of evidence of any trials of first-line therapy with tri-cyclic or SNRI anti-depressants or AEDs. Medical necessity for the requested 5% Lidoderm patches has not been established. The requested Lidoderm patches are not medically necessary.