

Case Number:	CM15-0179408		
Date Assigned:	09/21/2015	Date of Injury:	10/16/2007
Decision Date:	10/27/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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: California

Certification(s)/Specialty: Emergency 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 67 year old female who sustained an industrial injury on 10-16-2007. The injured worker was diagnosed with cervical spine sprain and strain with radicular components, bilateral wrist tenosynovitis, right carpal tunnel syndrome and lumbar spine sprain and strain with radicular components. The injured worker is status post right shoulder arthroscopy in 2010. According to the treating physician's progress report on June 26, 2015, the injured worker continues to experience intermittent neck pain radiating to both arms and localized lower back pain. Recent left elbow cortisone injection reduced the pain by 70%. Examination of the cervical spine demonstrated tenderness to palpation of the paracervical and trapezius musculature with spasm and restricted range of motion due to pain. There was a positive cervical distraction test and decreased sensation in the C5 dermatome on the left. The right shoulder was tender to palpation at the anterolateral shoulder and supraspinatus muscle with mild extension into to the pectoralis. Rotator cuff weakness was noted with restricted range of motion due to pain. The bilateral wrists were tender to palpation with positive Tinel's and Phalen's signs with weakness in grip strength. The lumbar spine demonstrated tenderness to palpation of the lumbar paravertebral muscles with spasm. There was a slight decrease in range of motion due to pain with a positive straight leg raise on the left. Calf and great toe muscle weakness was present with decreased sensation to light touch in the L5 and S1 dermatomes. Current medications were not noted in this June 2015 medical review. Prior treatments documented to date have included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) in January 2015, cervical spine magnetic resonance imaging (MRI)

on July 2, 2015, electrodiagnostic studies on April 27, 2015, chiropractic therapy, physical therapy, steroid injections to the left elbow, cervical pillow and medications. Treatment plan consists of chiropractic therapy and the current request for Lidocaine patches. On 08-12-2015, the Utilization Review denied authorization for Lidocaine Pads 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pads 5%, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: As per MTUS chronic pain guidelines, lidoderm/lidocaine patches are only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as spinal or radicular pain. Lidocaine patches are only recommended after failure of 1st line treatments. Progress notes provided fail to provide any medication list or what has been attempted in the past. There is no justification documented by provider concerning why lidocaine patches were requested. Lidocaine patches are not medically necessary.