

Case Number:	CM15-0098015		
Date Assigned:	05/29/2015	Date of Injury:	03/31/2011
Decision Date:	06/29/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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, Florida, 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 injured worker is a 51-year-old female, who sustained an industrial injury on March 31, 2011. She reported that three boxes hit her in the face, right shoulder, and neck. The injured worker was diagnosed as having right shoulder pain, bicipital tendonitis of the right shoulder, myofascial pain syndrome, chronic pain syndrome, status post bilateral carpal tunnel release, status post PIN nerve release on the left, and right hand weakness. Treatment to date has included nasal fracture reduction May 2011, left forearm surgery, and medication. Currently, the injured worker complains of right sided neck and shoulder pain radiating down the back, with weakness and tingling in the hands. The Doctors First Report of Occupational Injury or Illness dated April 14, 2015, noted the injured worker's current medications as Albuterol Sulfate, Beclomethasone, Cetirizine, Colace, Fluticasone, Furosemide, Fosinopril, Levothyroxine, Oxybutynin, Ambien, Pamelor, and Potassium. Physical examination was noted to show decreased sensation to pinprick over the right upper limb diffusely and the left upper limb over the C8 dermatomal distribution and the right upper limb over the C4 and C5 dermatomal distribution. Tenderness to palpation was noted over the cervical spinous processes as well as the cervical paraspinal muscles, trapezius, rhomboids, supraspinatus, deltoid, and pectoralis major muscles. The treatment plan was noted to include medications including Pennsaid, topical Diclofenac, Gabapentin, Pamelor, and performed trial of LidoPro patches, and recommendation of a steroid injection in the bicipital tendon as well as trigger point injections into the scapular stabilizing muscles and the shoulder stabilizing muscles on the right side, recommendation for a right shoulder MRI, and physical therapy of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: Lidopro patches, #15 (DOS: 4/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: This claimant was injured 4 years ago. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately not medically necessary under MTUS.