

Case Number:	CM13-0052016		
Date Assigned:	12/27/2013	Date of Injury:	06/02/1997
Decision Date:	10/27/2015	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 06-02-1997. He has reported subsequent neck, shoulder and back pain, numbness and tingling in the right and left arm, radicular pain in the right and left arm, weakness, stiffness, pain and headaches and was diagnosed with cervical disc disease, bilateral carpal tunnel syndrome, cervical radiculopathy and cervicogenic headaches, severe degenerative disc disease with spinal stenosis and spinal cord compression at the T10-T11 level of the thoracic spine with disc protrusions at T3-T6 and tear of the right biceps tendon and subscapularis tendon with degenerative changes. MRI of the right shoulder was noted to show SLAP tear dislocation of the biceps tendon medially with partial undersurface tear of the subscapularis tendon. Lumbar x-rays dated 08-07-2013 showed mild progress of degenerative findings at L2-L3 without instability. Documentation submitted for review is minimal. Treatment to date has included oral pain medication, application of heat and ice, chiropractic therapy, medial branch blocks, radiofrequency neurolysis of C2 and C3 and surgery. In a progress note dated 09-25-2013, the injured worker reported neck, shoulder and back pain, numbness and tingling in the right and left arm, radicular pain in the right and left arm, weakness, stiffness, pain and headaches. Pain in the cervical, thoracic and lumbar spine was rated as 6-7 out of 10. Objective examination findings showed point tenderness to paracervical and facet capsule on deep palpation and pain with rotation and extension, decreased range of motion, point tenderness of paracervical hardware and general significant myofascial pain in the upper thoracic region, tenderness to palpation of the occipital and lumbar paraspinal muscles triggering a headache with palpation and reduced range of motion of the cervical spine. A request for authorization of four Lidoderm patch 5% #30, three refills for cervical, thoracic and shoulder pain was submitted. As per the utilization review on 10-04-2013, the request for four Lidoderm patch 5% #30, three refills for cervical, thoracic and shoulder pain was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) LIDODERM PATCH 5% #30, THREE (3) REFILLS FOR CERVICAL/THORACIC AND SHOULDER PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CERVICAL AND THORACIC SPINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case the request is for Lidoderm patches for chronic neck pain. The FDA has approved Lidoderm only for the treatment of postherpetic neuralgia. Off label use for treatment of other superficial neuropathic pain-generating conditions, such as complex regional pain syndrome, may be considered. The use of Lidoderm patches for the patient's chronic neck pain is not supported, as the superficial spread of the medication would be insufficient to reach deep-seated pain-generating tissues. Therefore the request is not medically necessary or appropriate.