

Case Number:	CM13-0001762		
Date Assigned:	11/27/2013	Date of Injury:	12/01/2009
Decision Date:	01/21/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services.

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 patient is a 43 year old female with date of injury of December 1, 2009. She is status post labrum anterior posterior repair. On July 25, 2013 there is a doctor's note stating the patient has left shoulder pain. The patient had a pattern of symptoms that were worsening. The patient was scheduled for arthroscopic surgery 7/5/ 2013. Patient completed physical therapy. A note dated June 25, 2013 states the patient is taking medication. There is no list of the medication being taken. There is no request noted for the Lidoderm patch. There is no neurological findings listed and exam shows mild to moderate tenderness of lateral aspect of the left shoulder with decreased range of motion. Previous note on April 19, 2013 does not indicate the request for the patch nor does it give any indication for the use of a lidoderm to patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% 700 mg #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 Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: CA MTUS guidelines on page 56 discuss the Lidoderm patch. It states that the patches specifically recommended for post herpetic neuralgia. It may also be recommended for localized peripheral pain after there's been evidence of the trial of first-line therapy including

antidepressants or antiepileptic medications. There is no indication of the current medications patients taking reflecting this trial of first-line therapy, and there is no documentation of neurological findings to indicate localized peripheral pain. Therefore as the physical exam findings and current course of therapy do not correlate with guidelines, this medication is not medically necessary.