

Case Number:	CM13-0008954		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2008
Decision Date:	03/05/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old female with date of injury on 05/04/2008. The progress report dated 06/12/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Cervical strain, (2) Status post right subacromial decompression and Mumford procedure, 2012, (3) Status post right de Quervain's release 2012, (4) Left shoulder impingement syndrome and acromioclavicular joint pain per AME. The patient continues with right shoulder and wrist pain. Objective findings include tenderness about the biceps tendon and limited range of motion of the right shoulder. Examination of the right wrist revealed tenderness to palpation. A request was made by the treating physician for topical Lidoderm patches to reduce the patient's pain. The request was denied by the utilization review letter dated 07/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #60 2 boxes: Overturned

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

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

Decision rationale: The patient continues with presentation of right shoulder and right wrist pain, status post subacromial decompression surgery and right wrist de Quervain's release in 2012. According to Chronic Pain Medical Treatment Guidelines, page 111 through 113, topical analgesics for lidocaine states that for neuropathic pain, it is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including antidepressants or an AED such as Gabapentin or Lyrica. Chronic Pain Medical Treatment Guidelines, further states that lidocaine patches are not recommended for non-neuropathic pain. The treating physician does not provide any documentation that the patient is experiencing neuropathic pain. However, the patient does present "localized peripheral pain" including wrist and shoulder pains. Therefore the request for Lidodrem Patches #60 2 boxes ([REDACTED] report dated 6/12/2013) is medically necessary.