

Case Number:	CM13-0022324		
Date Assigned:	10/11/2013	Date of Injury:	03/15/2010
Decision Date:	01/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/10/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Texas. 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 42-year-old female who reported an injury on 3/15/10. The mechanism of injury was not provided. The patient had a right shoulder arthroscopy with rotator cuff repair and subacromial decompression on 4/15/13. Objective findings included spasms and guarding on the cervical spine. Her diagnoses are cervicgia of the right side, right shoulder pain with impingement, lumbago, and right leg sciatica at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The California MTUS Guidelines indicate that Lidoderm is the only form of topical lidocaine that is FDA approved. The patient was noted to have objective findings of spasms and guarding of the cervical spine. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the

documentation of exceptional factors to warrant non-adherence to Guideline recommendations.
Given the above, the request is not medically necessary.