

Case Number:	CM13-0027549		
Date Assigned:	11/22/2013	Date of Injury:	01/22/2013
Decision Date:	02/20/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty Certificate in Disability Evaluation, and is licensed to practice in California, Florida, Maryland, and the District of Columbia. 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:

This 35-year-old male was injured January 22, 2013. The mechanism of injury is not stated, but he does have left shoulder pain. When seen April 18, 2013, the requesting provider noted in follow-up no new injuries. The patient reported pain aggravated by lifting, bending, stooping, prolonged sitting or rising from a bending position. The patient could walk with a normal gait and do deep knee bend 100% of the way. His range of motion was decreased somewhat in all fields of the cervical spine. There was tenderness in the interscapular musculature. The diagnosis was sprain/strain of the left shoulder girdle. The treatment recommendations included a continuation of formal care, a left interscapular injection, and topical cream medication compounds. The interim medical report dated 6/13/2013 indicates that the patient is working, has had no new injuries, and is about the same. The patient walks with a normal gait, can walk on his heels and toes without difficulty, do a deep knee bend 100% of the way. There is tenderness of the interscapular musculature on the left side with trigger point areas of spasm. The diagnosis was documented to be sprain/strain of the interscapular musculature, left. The treatment recommendations were to continue formal care and to utilize prescribed lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5%: 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): 56-57.

Decision rationale: CA-MTUS indicates that Lidoderm® (lidocaine patch) 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 (anti-depressants or an anti-epileptic drug). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Based on the guidelines, the request for Lidocaine patches 5% was not medically necessary.