

Case Number:	CM13-0052556		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2008
Decision Date:	03/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/15/2013

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, 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:

According to the records made available for review, this is a 50-year-old male with a 7/31/08 date of injury. At the time of request for authorization for Lidoderm Patch 5%, there is documentation of subjective (pain level of 7/10, triggering in the right third digit, finger stiffness, and increased left shoulder pain) and objective (tenderness to palpation in the right shoulder, reduced range of motion, and right hand exam reveals some tenderness over the base of the third digit) findings, current diagnoses (right rotator cuff syndrome, status post surgery; left shoulder impingement syndrome, myofascial pain syndrome, and chronic pain syndrome), and treatment to date (massage, home exercise program, medication, physical therapy, and acupuncture). 10/29/13 medical report indicates a plan that the patient is to continue with medications, including Remeron, Cymbalta, Lidoderm 5% Patch, Nortriptyline, Norco, and Nexium. There is no documentation of neuropathic pain and, given the documentation of ongoing treatment with Remeron, Cymbalta, and Nortriptyline, there is no documentation that a trial of first-line therapy has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 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: MTUS identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of right rotator cuff syndrome, status post surgery; left shoulder impingement syndrome, myofascial pain syndrome, and chronic pain syndrome. However, there is no documentation of neuropathic pain. In addition, given documentation of ongoing treatment with Remeron, Cymbalta, and Nortriptyline, there is no documentation that a trial of first-line therapy has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patch 5% is not medically necessary.