

Case Number:	CM13-0055583		
Date Assigned:	07/02/2014	Date of Injury:	08/29/2012
Decision Date:	08/13/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 expert 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 injured worker is a 51-year-old male who reported an injury 08/29/2012. He was reportedly moving a pallet approximately 30 pound to 40 pounds when he noted the immediate onset of left shoulder pain. On 01/29/2014, the injured worker presented with left shoulder pain. Prior therapy included acupuncture, a TENS unit, physical therapy, epidural injections, and medications. Upon examination the left shoulder and neck, pain was constant and there was tenderness to deep palpation over the left anterior shoulder and greater tuberosity of the humerus. There was tenderness to palpation over the left posterior glenohumeral joint. The diagnoses were chronic left shoulder and cervical strain, left shoulder posterior labral tear, and paralabral cyst, secondary to right shoulder subacromial impingement syndrome, underlying cervical degenerative spine changes, stenosis and shoulder impingement syndrome. The provider recommended lidocaine patch, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PATCH, 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

Decision rationale: The request for lidocaine patch 5% is non-certified. The California MTUS Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic or SNRI antidepressants or AEDs such as gabapentin or Lyrica. This is not a first line treatment and it is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The included medical documentation does not indicate that the injured worker has a diagnosis that is concurrent with lidocaine patch guideline specifications. Additionally, the provider's request does not state the dose or frequency of the lidocaine patch or the site that it is intended for. As such, the request is non-certified.