

Case Number:	CM14-0011434		
Date Assigned:	02/21/2014	Date of Injury:	02/07/2007
Decision Date:	11/14/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 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 patient is a 76 year old female who sustained an injury to her right shoulder on 02/07/2007. The mechanism of injury is unknown. Prior treatment history has included Prilosec, tramadol, Relafen; physical therapy, ice therapy and shoulder exercises. On the most recent progress report dated 01/06/2014, the patient presented with bilateral shoulder pain. She was continuing with her exercises daily and noted due to the cold weather, she is more symptomatic. On exam, bilateral shoulders revealed very tight paravertebral muscles. Range of motion revealed flexion at 140 and extension at 160. The patient is diagnosed with meniscal tear of the knee and acute lumbar spine strain. She was recommended to continue Lidocaine 5% pads. Prior utilization review dated 01/23/2014 states the request for 30 Lidocaine 5 % Pads Between 1/20/2014 and 3/6/2014 is denied as it does not meet guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5 % pads #30 between 1/20/2014 and 3/6/2014: 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: According to the CA MTUS guidelines, Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. In the absence of documented neuropathic pain, the request is not medically necessary according to the guidelines.