

Case Number:	CM14-0130385		
Date Assigned:	08/20/2014	Date of Injury:	11/22/2010
Decision Date:	09/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/15/2014

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 & 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:

According to the records made available for review, this is a 66-year-old female with a 11/22/10 date of injury, and status post right shoulder arthroscopy with subacromial decompression and acromioplasty 4/4/11. At the time (7/25/14) of request for authorization for Lidoderm 5% #30 and Orthopedic consultation, there is documentation of subjective (persistent right shoulder pain rated 7/10) and objective (grossly protective of her right upper extremity, right shoulder abduction and forward flexion 160 degrees with increase pain and discomfort, 4+/5 strength in the right shoulder abduction and forward flexion; positive Tinel and Phalen tests at the right wrist, and decreased right grip strength) findings, imaging findings (EDS (3/3/14) report revealed medial nerve conduction delay at right wrist consistent with distal medial neuropathy), current diagnoses (right shoulder adhesive capsulitis, status post right shoulder arthroscopy with subacromial decompression and anterior acromioplasty, chronic right shoulder pain), and treatment to date (activity modification, physical therapy, and medications (including Nabumetone)). 6/26/14 medical report identifies that the patient wants to pursue with carpal tunnel release surgery which is apparently recommended by QME, and the patient was advised to contact [REDACTED] office for possible carpal tunnel release surgery. Regarding the requested Lidoderm 5% #30, there is no documentation of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines 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 diagnoses of right shoulder adhesive capsulitis, status post right shoulder arthroscopy with subacromial decompression and anterior acromioplasty, chronic right shoulder pain. In addition, there is documentation of objective findings consistent with neuropathic pain. However, there is no documentation of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% #30 is not medically necessary.

Orthopedic Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92 & (CHAPTER 7) PG 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of right shoulder adhesive capsulitis, status post right shoulder arthroscopy with subacromial decompression and anterior acromioplasty, chronic right shoulder pain. In addition, there is documentation of a 6/26/14 medical report identifying that the patient wants to pursue with carpal tunnel release surgery which is apparently recommended by QME, and the patient was advised to contact [REDACTED] office for possible carpal tunnel release surgery. Furthermore there is documentation of objective and electrodiagnostic findings consistent with carpal tunnel syndrome. Therefore, based on guidelines and a review of the evidence, the request for orthopedic consultation is medically necessary.

